



OUTLINES  
OF THE  
Practice of Physic, Materia Medica, Toxicology,  
AND  
DOMESTIC SURGERY;

TO WHICH ARE APPENDED

THREE HUNDRED QUESTIONS ON SUBJECTS CONNECTED WITH THE  
DAILY ROUTINE OF A HOSPITAL.

COMPILED

CHIEFLY FOR THE USE OF THE

SUBORDINATE MEDICAL DEPARTMENT,

BOTH EUROPEAN AND NATIVE,

BY C. A. ELDERTON,

ASSISTANT SURGEON, BENGAL ESTABLISHMENT,

AND

*Translated with the assistance of*

MOONSHEE HOOSAINEE,

TEACHER AT THE DELHIE COLLEGE.

AGRA:

PRINTED AT THE SECUNDERA ORPHAN PRESS.

1853.



# KHULAS

## Cib aur Materia Medica,

YANE

KHAWA'S ADWIYAH WAGHAIRAH

AUR

SAMYAT AUR JARRA'HIF KA',

MAI TI'N SAU SAWA'LAT MULHAQA MUSHTAMILBAR KA'R ROZMARAH  
SHAFA'KHA'NA KE,

WA'STE FA'IDAH

TA'BEDA'R MUTALLIQON ILAQAH TIBA'BAT

DONON ANGREZI' AUR HINDUSTA'NI' TASNI'F SE,

C. A. ELDERTON SA'HIB,

Assistant Surgeon, Mutalliqah Iha'ta Banga'lak ke,

AUR

TARJUMA KI' GI' BAVNAT

MOONSHEE HOOSAINEE,

MUDARRIS MADARSA DEHLIE K.E.

AGRA:

PRINTED AT THE SECUNDRA ORPHAN PRESS.

1853.



## PREFACE.

---

The chapters that compose this little work were originally compiled by me in my leisure hours, for the purpose of assisting the Native Doctors in my hospital, in the rudiments of their profession, and thinking if such a work was published in a cheap form, it might prove acceptable to the whole class of the subordinate Medical Establishment, both European and Native, I was induced to have it printed in English and Hindoostance : should it prove so, I shall feel amply rewarded for all the trouble I have had. At the end of each chapter in the Practice of Physic, will be found a few questions relative to the subject treated upon, which will, I think, materially assist the student by impressing it more fully on his memory, more especially if the Medical Officer under whom he may be placed, would, from time to time, examine him as to his progress, and explain to him whatever he may not fully understand. I would refer the reader to the Bengal Pharmacopœia, published by Dr. W. B. O'Shaughnessy, for all particulars regarding the mode of preparing the different articles in the Materia Medica, as they will find in that valuable book every thing they could possibly require regarding that branch of their studies.

A great difficulty in this undertaking has been to condense. Where there is so much that is excellent in those works I have consulted, it is not easy to abridge without injuring, or to abbreviate without detracting. It is also true, that abridgments are for the most part received with distrust; partly because the judgment of the abridger may fairly be regarded with doubt or suspicion, and also, because there is always an inclination to adopt, in the spirit of favoritism, those opinions which most strongly accord with our own, and to reject others, which may be equally or even more worthy of being retained.



**PART I.**  
 ON THE  
**CLASSIFICATION OF MEDICINES.**

|   |  |
|---|--|
| <b>ABSORBENT,</b> Jázib.                      | <b>EMOLlient,</b> Mulayyan.                        |
| <b>ACID,</b> Tezáb.                           | <b>EMULSION,</b> Chiknáee dawá.                    |
| <b>ALKALY,</b> Khár.                          | <b>ENEMA,</b> Pichkári kí dawá.                    |
| <b>ALTERATIVE,</b> Badun sudhárne-wálá.       | <b>JILD</b> oohkáynewálá.                          |
| <b>ANODYNE,</b> Khwábáwar.                    | <b>ERRHINE,</b> Chhlíyék lánewálá.                 |
| <b>ANTACID,</b> Tezáb kí tasír khone-wálá.    | <b>ESCHAROTIC,</b> Kátnewálá zaķhm ká.             |
| <b>ANTALKALINE,</b> Khár kí tasír kho-newálá. | <b>EXPECTORANT,</b> Kuf dafa kurne-wálá.           |
| <b>ANTHELMINTIC,</b> Keñchwá márnc-wálá.      | <b>FERRIFUGE,</b> Dáfa buķhar.                     |
| <b>ANTISCORBUTIC,</b> Dáfa Kháriš.            | <b>GARGLE,</b> Ghar ghrah.                         |
| <b>ANTISEPTIC,</b> Dáfa asúnat.               | <b>HYDRASCOPE,</b> Putla dust láne-wálá.           |
| <b>ANTISPASMODIC,</b> Dáfá tashannuj.         | <b>IRRITANT,</b> Jaláne wálá.                      |
| <b>AROMA(TIC,</b> Khushbúdár.                 | <b>LAXATIVE,</b> Pet narm karnewálá.               |
| <b>ASTRINGENT,</b> Qábiz.                     | <b>LITHONTRIPTIC,</b> Dáfa sang masá-ná.           |
| <b>BLISTER,</b> Laip, yáne Plaster.           | <b>OPIATE,</b> Khwábáwar.                          |
| <b>CARMINATIVE,</b> Dáfá riyáh.               | <b>PARTURIFACIENT,</b> Moosqit.                    |
| <b>CORDIAL,</b> Dilkušia.                     | <b>PURGATIVE,</b> Dastáwar.                        |
| <b>COUNTERIRRITANT,</b> Dáfá sozish.          | <b>REFRIGERANT,</b> Dáfa garmí.                    |
| <b>DEMULCENT,</b> Tar karnewálá.              | <b>REPELLENT,</b> Khárij karnewálá.                |
| <b>DEOBSTRUENT,</b> Mufattih.                 | <b>RUBEFACIENT,</b> Surkh karnewálá badan ká.      |
| <b>DETERGENT,</b> Zaķhm sáf karne-wálá.       | <b>SIALOGOGUE,</b> Muñh lánewálá yáne joshe dahan. |
| <b>DIAPHORETIC,</b> Pasíná lánewálá.          | <b>STIMULANT,</b> Mufarrah.                        |
| <b>DIGESTIVE,</b> Pakánewálá.                 | <b>STOMACHIC,</b> Muqawwí miuduh.                  |
| <b>DILUENT,</b> Raqíq karnewálá.              | <b>STYPTIC,</b> Khún band karnewálá.               |
| <b>DISCUTIENT,</b> Tahlíl karnewálá.          | <b>SUDORIFIC,</b> Pasíná lánewálá.                 |
| <b>DIURETIC,</b> Pesháb lánewálá.             | <b>SUPPURATIVE,</b> Píb paidá kurne-wálá.          |
| <b>DRASTIC,</b> Tez dast lánewálá.            |  |
| <b>EMETIC,</b> Rad lánewálá.                  |  |

PART I.  
ON THE  
CLASSIFICATION OF MEDICINES.

*Q.*—What is an Absorbent?

*A.*—Any medicine that has no acrimony of itself, and destroys acidity in the stomach and bowels.

*Q.*—Give examples?

*A.*—Magnesia and prepared Chalk.

*Q.*—What is an Acid?

*A.*—A substance possessed of the following properties: generally a sour taste; the power of changing the vegetable blue colours into red, and of combining with an Alkaly, with Earths, and with Metallic Oxyds. Some Acids, as the Sulphuric, Nitric and Muriatic, have a very powerful action, and corrode or destroy animal and vegetable substances.

*Q.*—How are Acids divided?

*A.*—Into mineral, animal, and vegetable.

*Q.*—Give examples of each kind of Acids?

*A.*—The principal Mineral Acids are the Sulphuric, Muriatic, Carbonic, and the Fluoric; the Animal Acids are the Phosphoric, Prussic, and the Uric; the chief vegetable acids are the Acetic Acid or Vinegar, the Oxalic, the Tartaric, the Citric, the Malic, and the Benzoic.

*Q.*—What is an Alkali?

*A.*—A substance endowed with the following properties. It changes the vegetable blue colours to green, forms a substance with Acids, having qualities quite distinct from both Acids and Alkalies, and forms soap when mixed with oils.

*Q.*—How many kind of Alkalies are there?

*A.*—Two: the fixed and the volatile.

*Q.*—Name the two kinds of Alkalies?

*A.*—The fixed Alkalies are Potash and Soda; the Volatile Alkali is Ammonia or Hart'shorn.

## B A' B A W W A L.

## D A R B A ' B J A M A ' A T A D V I A ' T K E.



*Sawál.*—Jázib kisko kahte haiṇ?

*Jawáb.*—Jázib us dawá ko kalte haiṇ ki jismen tundí aur charparahaṭ bezátehí na howe, aur mádeh aur antriyon kí turshái ko záyal kare.

*S.*—Misál iskí kyá hai?

*J.*—Magnesia aur sáf ki huí khariá miṭti.

*S.*—Tezáb kisko kahte haiṇ?

*J.*—Jis shai men yih ḥawás howen ki aksar záiqá uská tursh ho, aur yih sift rakhtí ho ki nabátatí níle rugoon ko surkh karde, aur khár aur miṭti aur falazzatí kushta ke sáth miljáwe. Báz baz tezáb misl tezáb gandhak aur shorah aur namak ke bahut tez táśir rakhte haiṇ, aur haiwání aur nabátatí chízoṇ ko khájáte aur galá dete haiṇ.

*S.*—Tezáb kai qism ke haiṇ?

*J.*—Khaní, haiwání aur nabátatí.

*S.*—Har qism ke tezáb kí misál do?

*J.*—Mashhúr tezáb khání yeh haiṇ, yané tezáb gandhak, tezáb namak, tezáb Cárbonic aur tezáb Fluoric; tezáb haiwání yeh haiṇ, Phosphoric, Prussic aur Uric; mashhúr nabátatí tezáb yeh haiṇ, Acetic Acid yá sirká, Oxalic, Tartaric, Citric, Malic aur Benzoic.

*S.*—Khár kisko kahte haiṇ?

*J.*—Jis chíz men yih ḥawás hon ki nabátatí níle rang ko sabz karde, aur tezáb se milkar ek naí chíz ho jáwe, jiskí ḥawás tezáb aur khár se bilkul muḥtalif hon, tel ke sáth milne se sábul banjáwe.

*S.*—Khár kai qism ká hotá hai?

*J.*—Do qism ká, ek qáim aur dúsra uṛnewálá.

*S.*—Un aqsám ke nám kyá haiṇ?

*J.*—Qáim khár haiṇ Potash aur sajjí, atr dúsri qism hai uṛnewálá, jaisá Ammonia, yané nousádar aur Hart'shorn, yané hirnká sing.

**Q.—What is an Alterative?**

**A.—A Medicine intended gradually and imperceptibly to improve the constitution in some of its functions without producing any sensible evacuation, by perspiration, purging, or vomiting.**

**Q.—Name some of the usual Medicines given as an Alterative?**

**A.—Small doses of Rhubarb, different mineral waters or imitations of them, small doses of Calomel or Blue Pill, Plummer's Pill, Sulphate of Iron, or Tincture of Steel.**

**Q.—What is an Anodyne?**

**A.—A medicine which relieves pain.**

**Q.—How are Anodynes divided?**

**A.—Into three kinds, Hypnotics, are those that induce sleep; Narcotics, those that give ease, by stupifying; Sedatives, those that diminish the rapidity of the circulation, or the activity of the general system.**

**Q.—Name some of the chief Anodynes?**

**A.—Opium, Henbane, Hemlock, Camphor, Foxglove, Tobacco, Stramonium and Hemp.**

**Q.—What is an Antacid?**

**A.—Any medicine which corrects acidity of the stomach.**

**Q.—Name some of the chief Antacids?**

**A.—The Alkalies Potash and Soda, and their subcarbonates dissolved in water; Ammonia, Limewater, Magnesia, and prepared Chalk.**

**Q.—What is an Antalkaline?**

**A.—That which possesses the power of neutralizing Alkalies; all the Acids are of this class.**

**Q.—What is an Anthelmintic?**

**A.—Remedies which possess the property of destroying worms, or expelling them from the intestinal canal.**

**Q.—How many kinds of Anthelmintics are there?**

S.—Badan sudhárnewálí dawá kis ko kahte hain ?

J.—Jo dawá is khásiyat kí banái jáwe ki áhistá áhistá aur baghair mälum hone əlamat ke báz súratoñ men tabiat ko fáida bakhshé, aur koí ikehráj bazáhir mälum na howe, misl áne pasína yá dast yá radd.

S.—Chand adwiya badan sudhárnewalí jo aksar istamál men átí hain, unká nám bayán karo ?

J.—Kam miqdár Rhubarb, yané rewand chíní aur báz qism kí kán ká pání yá misl úskí; kam miqdár Calomel, yané páreh ká kushta, yá Blue Pill; Plummer's Pill, Sulphate of Iron, yané Kasís, yá Tincture of Steel.

S.—Khwábawar dawá kis ko kahte hain ?

J.—Us dawá ko kahte hain jo dard ko taskín baķhshe.

S.—Khwábawar kai qism kí hotí hain ?

J.—Tín qism kí ; Hypnotics, ki jisse nínd kí taraf tabiat rujú howe: Narcotics, ki jisse behóshí paidá hokar áram mälum howé: Sedatives, jo ki harkat khún ko kam kare aur sáré jism kí chustí aur chálákí ko ghaṭáwe.

S.—Mashlúr in adwiya men se chand chízoñ ká nám bayán karo ?

J.—Afýún, Hyoscyamus, Hemlock, Kásúr, Digitalis, Tambákú, Dhatúra aur Bhang.

S.—Tezáb kí tásír khonewálí dawá kisko kahte hain ?

J.—Jo dawá kí turshí mede ko durust kare.

S.—Chand mashlúr tezáb kí tásír khonewálí dawáoñ ká nám lo ?

J.—Alkali Potash aur Soda, yané sajjí aur unké Sabcarbonates jab ki pání men ghuláe jáwen : Ammonia, yané nousádar, Limewater, yané chúnah ká pání : Magnesia, aur Prepared Chalk, yané sáf kí huí khariá miṭti.

S.—Khár kí tásír khonewálí dawá kisko kahte hain ?

J.—Jo chíz khár ko beasar kare : tamám tursh chízen aisi qism kí hain.

S.—Kenchwá márnewálí dawá kis ko kahte hain ?

J.—Jo dawá kí khawás már dálne yá nikálne kenchwá ká antriyon men se rakhtí ho.

S.—Kenchwá márne wáli dawá kai qism kí hotí hain ?

**A.**—Three kinds: some are intended to act mechanically, as the powder of Tin, or the Cowitch;—some act by their purgative quality, as Turpentine, Aloes, Rhubarb, Scammony, Jalap, and Calomel; and others act constitutionally, as the bitter tonics, such as the infusion of Rhubarb, Quassia, and Wormwood.

**Q.**—What is an Antiscorbutic?

**A.**—Medicines given to cure or prevent the land or sea scurvy.

**Q.**—Name some of the chief Antiscorbutics?

**A.**—Acid fruits, such as Lemons, Limes, Oranges, Citric Acid, Vinegar, Garlic, Mustard and Cress; raw Potatoes, and fermenting liquors, such as Spruce Beer and Cyder.

**Q.**—What is an Aromatic?

**A.**—A substance which has an agreeable spicy scent, and a pleasant pungent taste.

**Q.**—Name some of the principal Aromatics?

**A.**—Cloves, Nutmegs, Mace, Cinnamon, Pepper, Ginger, and the Essential Oils derived from various plants by distillation, as Oil of Rosemary, Lavender and Peppermint.

**Q.**—What is an Astringent?

**A.**—A substance that draws together or corrugates and contracts the parts of the body to which it is applied.

**Q.**—Name some of the chief Astringents in use?

**A.**—Alum, Catechu, Oak-bark, Logwood, Gall-nuts, Kino, Chalk, Iron, Lime-water, Carbonate of Lead, Diluted Acids, and Nitrate of Potash.

**Q.**—When should Astringents be given?

**A.**—They are useful in long continued laxity of the bowels, where there is no deficiency of the proper excrementitious matter, and where means have been taken to cure the original disease.

**Q.**—What is a Blister?

**A.**—That, which when put on the skin, raises the cuticle in the form of a vesicle, filled with a serous fluid.

**Q.**—Name some of the articles employed as a Blister?

J.—Tín qism, báz un men ká asr tárkib se hotá hai, maslan Powder of Tin, yané safúf, qaláí, yá Cowitch: báz basabab rakhne khawás ishál ke, maslan Turpun Tel, Elwá, Rhubarb, yané rewand chíní, Scammony, yané Sakmuniya, Jalap, yané Jalápá, aur Calomel, yané páreh ká kushta: báz dawá bamuáfiqat tabiat ke fáida bakhstí hain, jaise talkh adwiya mukawwí; misl Khaisándah, rewand chíní, Quassia aur uisuntín-rúmí.

S.—Dásfá khárish dawá kis ko kahte hain?

J.—Wuh dawáen ki wáste indifáq aur insidád ázár Scurvy ke, jo samundar yá khushkí men láhaq howe mustámil hain.

S.—Mashhúr dáfa khárish dawáon men se báz chízon ká nám bayán karo?

J.—Tursh asmár, misl nimbu, kághzí nimbu, rangtara, Citric acid, sirká, lahsan, ráí, aur hálim, kachchá aloo, aur joshida sharáb, jaisá Spruce Beer aur Cyder.

S.—Khushbúdár dawá kis ko kahte hain?

J.—Jis shai men pasandída masaledár khushbú átí ho, aur zaiqa uská tez aur matbá howe.

S.—Mashhúr khushbúdár chízon men se báz ká nám bayán karo?

J.—Loung, jáephal, jáwatrí, dárchíní, mirch, sonth aur aslí tel jo kái daraqhton ke poudon se ṭapká kar banác játé hain, misl tel Rosemary, Lavender aur Podínah ká tel.

S.—Qábiz dawá kisko kalte hain?

J.—Jo shai ki jab kisí chíz par lagáí jáwe, uske ajzá ko har taraf se khench kar jamá kare aur kam kare aur jhurryán dále.

S.—Mashhúr qábiz dawáon ká nám lo aur istamál?

J.—Phiṭkirí, katthá, Oak-bark, yané chhál balút, sandal, májúphal, kíno, khariá, lohá, chúne kápání, Carbonate of Lead, Diluted Acids, yané patlá tezáb, aur Nitrate of Potash, yáne shorah.

S.—Qábiz dawáen kab díjátí hain?

J.—Us súrat men müfid hotí hain jab ki antaryán bahut árse se dhilí ho gaí hoṇ, aur miuduh ghalíz kam na hotá ho, aur us hál men ki wáste rasā karne aslí marz ke tajwíj amal men á chukí ho.

S.—Blister kis ko kahte hain?

J.—Jo shai ki jism par lagáí jáwe aur usse phapholá paidá howe.

S.—Mashhúr chízen Blister lagáne kí men se nám lo?

**A.**—A plaster composed of the Spanish or Telini fly, Mustard Poultices, boiling-water; and an ointment made of simple dressing and Tartar Emetic.

**Q.**—When are Blisters useful?

**A.**—In cases of Nervous Fever, where there is Delirium, Dimness of sight, Deafness, and great debility; in Apoplexy after blood-letting; in Palsy sometimes when applied to the part, sometimes at a distance. In Inflammation of the Lungs after sufficient bleeding, in various stages of Consumption, in obstinate coughs, in Asthma, Rheumatism, Indolent swellings of the joints.

**Q.**—In what cases are Blisters improper?

**A.**—In Dropsical habits, in which they sometimes give rise to ulceration and gangrene; in very irritable constitutions; and also in cases of gravel, or any disease of the urinary organs.

**Q.**—How long should a Blister generally remain on?

**A.**—In adults, twelve hours is the usual time, but in young children, one or two hours will generally be long enough.

**Q.**—How would you counteract the occasional bad effects of a Blister?

**A.**—If it produces strangury or bloody urine, make your patient drink copiously of mild diluent liquors, such as rice-water, barley-water, or gruel; to every pint of which, one drachm of salt-petre may be added, to increase the effect of dilution on the urinary organs. Should the surface of the Blister become ulcerated, dress it with Basilicon ointment for a few days, and then return to poultices and simple dressing.

**Q.**—What is a Cordial?

**A.**—Any medicine which possesses warm and stimulating properties, given with a view to excite the action of the heart and arteries.

**Q.**—In what cases are Cordials proper?

**A.**—In the advanced stages of Fever and other debilitating diseases; here wine or wine and water, diluted spirits, Compound Tincture of Bark, Tincture of Cinnamon, Tincture of Gentian, or the Aromatic Spirits of Ammonia; in cases of fainting, when Harts-horn, Æther, or Valerian may be given; after Surgical operations, or deliveries, when Brandy or Wine may be required, sometimes combined with a dose of Laudanum.

*J.*—Plaster bantá hai Spanish Fly yá Teliní makkhí se, ráí kí luprí, khoulta pání, aur marham se bantá hai; Simple Dressing jis men Tartar Emetic miláyá játá hai.

*S.*—Blister kis marz ke liye mufíd hai ?

*J.*—Jab ki Nervous Fever hotá hai, aur jab ki hizyán hotá hai, kamí bínáí, bahrápan, aur bahut zouf ke; bich bímrí saktá píchhe khún lene ke ; fálij meñ báz waqt jab lagáyá játá hai ek hisseh par, aur báz waqt farq se. Bích bímrí sozish phepre ke bád káfi fasd karne ke, mutfarriq hálat sil ke, bích shadíd khánsí, damáh, bái, aur áhistgí warm joqon ke.

*S.*—Istamál Blister ká kis súrat meñ námunásib hai ?

*J.*—Bích bímrí jalandrí, jis meñ báz waqt Ulceration aur siran paidá hotá hai; aur jis súrat meñ ki bímrí ká garm mizáj ho; aur bhí bímrí pathrí meñ, yá koí bímrí pesháb kí meñ.

*S.*—Kitne árse tak Blister lagá rahná cháhiye ?

*J.*—Jawán ádmí ke liye bárah ghanṭe mämúl hai, aur laqkon khurdsál ke wáste ek yá do ghanṭa aksar lagá rahná káfi hai.

*S.*—Jo Blister lagáne se kabhí qabáhat yá kisi nau ká fasád paidá ho to usko kistarah raſa karen ?

*J.*—Agar taqtír ho jáwe yá pesháb meñ khún áne lage to bímrí ko bahut halká, aur raqíq karnewálá pání piláyá jáwe, maslan cháwal ká pání, áb jou, yá gruel, us pání ke harek ádhá ser meñ ek dram shorah miláyá jáwe, táki ázár pesháb meñ narmí paidá kare, aur agar Blister ke muqám par koí zakhm parjáwe, to usko chand roz tak marham Basilicon lagáwen, aur bád iske khúb luprí lagá diyá kare, aur sáf karke báñdhen.

*S.*—Dilkushá dawá kisko kahte hain ?

*J.*—Jis dawá ká khawás garm aur musarraḥ ho, táki dil aur shiryán kí harkat ko tezí bałhshe.

*S.*—Dilkushá dawá ká istamál kis súrat meñ cháhiye ?

*J.*—Tap kohnah aur əwáriz naqáhat paidá karnewálí meñ sharáb yá pání aur sharáb, araqyát sharáb, Compound Tincture of Bark, Tincture Dárchíní, Tincture of Genshian yá Aromatic Spirits of Ammoniá; dar súrat láhaq hone ghash ke hirn ká síng, Æther yá Valerian diyá jáwe ; bád iktítám kám járrahí ke, yá bád infarág janne ke, jis súrat meñ ki zarúrat Brandy kí yá sharáb kí howe, to bashamúl uske báz auqát ek matád Laudanum istamál kar sakte hain.

**Q.—What is a Counterirritant?**

**A.—Any substance applied to the surface of the body for the purpose of producing a superficial inflammation, and removing it from another position; as a Blister applied to the surface of the chest, to remove inflammation from the lungs beneath.**

**Q.—What is an Antiseptic?**

**A.—A doubtful class of remedies as applied to the living body, they possess the power of preventing animal and vegetable substances from decomposing or becoming putrid, and of obviating putrifaction when already begun.**

**Q.—What are the chief Antiseptics usually employed ?**

**A.—Creasote, Charcoal Poultices, the Chlorides of Lime and Soda, Bark, Hops, and Vinegar.**

**Q.—What is an Antispasmodic ?**

**A.—Medicine given to relieve spasm, or irregular and painful actions of muscles or muscular fibres.**

**Q.—What are the chief Antispasmodics ?**

**A.—Ammonia, Assafoetida, Camphor, Castor, Ether, Musk, Opium and Valerian.**

**Q.—What is a Carminative ?**

**A.—A Medicine that assists in the extrication and expulsion of wind from the intestines.**

**Q.—Name some of the common Carminatives ?**

**A.—Aniseed, Cardamums, Caraway seeds, and their essential oils: Ginger, and warm water clysters.**

**Q.—What is a Deobstruent ?**

**A.—Any Medicine which has the power of removing any obstruction in the body.**

**Q.—Name some of the common Deobstruents ?**

**A.—Blue Pills and the extract of Taraxacum, which often displays a remarkable power of removing hardness of the liver and other organs. The Hydriodate of Potash is also a valuable remedy in such cases.**

**Q.—What is a Digestive ?**

**A.—A term applied by the older surgeons to those substances, which, when placed on an ulcer or wound, were supposed to promote suppuration.**

S.—Dáfə sozish dawáeṇ kisko kahte haiṇ ?

J.—Jo shaí ki jism par lagái jáwe taki usse jism kí satah par sozish paidá ho, aur aur jagah se sozish rafə hojáwe; jaise ki Blister sínah par lagáne se phephṛe ke talí sozish rafə hojáti hai.

S.—Dáfə áfúnat dawáeṇ kiško kahte haiṇ ?

J.—Jo dawáeṇ mushtabah mutsawwar hoṇ, unko dáfə áfúnat kahte haiṇ; aur wuh dawáeṇ haiwání aur nabátatí ashyá ko galne aur sareṇe nahíṇ detí haiṇ, aur agar koi sareṇí shurú hogai ho to usko ziyádah sareṇe se báz rakhtí haiṇ.

S.—Mashhúr dawáeṇ dáfə áfúnat kyá aksar istamál kí jatí haiṇ ?

J.—Crcasote, koelá ká luprí, Chlorides of Lime aur Soda, Bark, Hops aur Sirká.

S.—Dáfə tashannuj dawá kisko kahte haiṇ ?

J.—Jis dawá se chabak aur harkat ke waqt jo pech o táb aur dard paṭṭhoṇ aur paṭṭhoṇ ke reshōṇ men hotá ho rafə hojáwe us ko dáfə tashannuj kahte haiṇ.

S.—Mashhúr dawáeṇ dáfə tashannuj kon kon sí haiṇ ?

J.—Ammonia, yáne nousádar, líng, káfür, Castor, Æther, mushk, afím aur Valerian.

S.—Dáfə rayáh dawá kyá hai ?

J.—Jo dawá ki madad kartí hai hawá nikálne ko aṇtaryon men se.

S.—Mashhúr dawáeṇ dáfə rayáh ká nám bayán karō ?

J.—Sonf, iláchí, ajwáin, aur unke aslí tel: sonṭh, aur garm páni kí pichkári.

S.—Mufattah dawá kyá hai ?

J.—Jo dawá ki kisi qism kí rukáwat ko ki jism men wáqa ho rafə kare.

S.—Mashhúr dawáon mufattah men se kisi ká nám lo ?

J.—Blue Pill, Extract of Taraxacum, jo aksar saṅktí jigar aur dígar ázá ke rafə karne men bahut tásir baṄhsh hotá hai. Is amar men Hydriodate of Potash bahut khúb ǰláj mutsawwar huá hai.

S.—Pakáne wáli dawá kisko kahte haiṇ ?

J.—Jarráh sábiq un dawáon ko pakánč wáli kahte the ki jo bar-waqt pakáne ke upar dumbal yá zakhm ke usko ziyádah paká detí haiṇ.

**Q.—Name some of the articles employed as Digestives ?**

**A.—Elder Ointment, Resin, Cerate, warm fomentations and Poultices.**

**Q.—What is a Demulcent ?**

**A.—A Medicine or drink, of an oily or mucilaginous nature given to prevent the action of acrid or stimulating matters in the body.**

**Q.—What articles are usually employed as Demulcents ?**

**A.—Solutions of Gum Arabic or Gum Tragacanth, decoctions of Linseed, Marshmallows, Liquorice and Rice; Sweet Almond emulsion, Spermaceti, Isinglass and Wax.**

**Q.—What is a Detergent ?**

**A.—A Medicine supposed to have the power of cleansing ulcers, and removing such viscid humours as adhere to, and obstruct the vessels.**

**Q.—Name some of the articles employed as Detergents ?**

**A.—Honey and Borax, Oxymel, Liniment of Verdigris and a solution of the Sulphate of Copper.**

**Q.—What is a Diaphoretic ?**

**A.—Medicines which promote the perspiration gently, short of sweating, such as minute doses of Tartar Emetic; Sweet Spirits of Nitre; Spirits of Mindereris, saline effervescent draughts, small doses of Dover's Powder, or Ipecacuanha Powder; Camphor, Musk, and Opium, keeping the patient warm in bed, and making him drink freely of warm tea: linseed tea, gruel or rice-water is an effectual and safe method.**

**Q.—What is a Diluent ?**

**A.—Watery liquors which are believed to increase the fluidity of the blood, and to diminish the acrimony and viscidness of several of the secreted or excreted fluids.**

**Q.—What Diluents are usually employed ?**

S.—Chaud chízoṇ ká nám bayán karo jo pakáne meṇ istamál hotí haiṇ ?

J.—Elder Ointment, Resin, Cerate, garm pání se seṇkná aur lupri lagáná.

S.—Tar karnewálí dawá kis ko kahte haiṇ ?

J.—Jo dawá ki noshídni yá chikní aur luğbdár qism kí ho, rok detí ho mādah mufarrah aur talaḥk ko jo jism meṇ paidá ho usko rafā kare.

S.—Kon kon sí chízəṇ aksar batour tar karne wáli adwiyah ke istamál meṇ hotí haiṇ ?

J.—Solutions of Gum Arabic yá Gum Tragacanth, joshándah alsí, yá Decoction of Linseed, Marshmallows, muleṭhí yáne Liquorice, aur cháwal; Emulsion bádám shírín, Spermaceti, Isinglass yáne machhlí kí aṇt ká saresh, aur mom.

S.—Zakhm sáf karnewálí dawá kis ko kahte haiṇ ?

J.—Jo dawá ki tásír safáí dumbal aur rafá karne luğbdár mādah ká jo ragoṇ meṇ lagjátá hai aur unko band kardetá hai.

S.—Jo adwiyah ki batour zakhm sáf karnewálí mustámil haiṇ nám unká un meṇ se bayán karo ?

J.—Shahd aur sohágá, Oxymel, Liniment of Verdigris yáne zungár ká, aur Solution of Sulphate of Copper yáne nilá thóthe ká.

S.—Pasíná lánewálí dawá kisko kahte haiṇ ?

J.—Jis dawá se ki áhiste áhiste pasíná ziyádah nikalne lage, magar bahut na nikle, maslan qalil miqdár Tartar Emetic, Sweet Spirits of Nitre, Liquor Ammonia Acetatis, namkín bulbule uṭháncewálá pání yáne Saline Effervescent Draughts, qalil mutad Dover's Powder kí, yá Ipecacuanha, safúf káfür, mushk aur afím, garm rakhná bímár ko bistar meṇ, aur usko garm cháh, alsí kí cháh, pích yá cháwal ká pání piláná bahut tásír baḥsh hotá hai, aur is tajwiz se kuchh zarar nahíṇ hotá.

S.—Raqíq karnewálí dawá kisko kahte haiṇ ?

J.—Pání ke muwáfiq bahnewálí chízeṇ jo ḫún kí riqqat ko ziyádah karen, aur talkhí aur luğb har qism ke sayál ká jo jism se nikalne aur ḫárij hone kí tásír rakhte haiṇ kam kare.

S.—Mashhúr dawáeṇ raqíq karnewálí jo aksar mustámil hotí haiṇ wuh kon kon haiṇ ?

**A**—Cold water; Almond emulsion, Linseed tea and rice-water.

**Q**.—What is a Discutient?

**A**.—Any substance which possesses the power of repelling or resolving tumours.

**Q**.—Name some of the articles usually employed as Discutients?

**A**.—Plasters composed of Ammoniacum with or without Mercury, Galbanum, Soap and Mercurial plasters, and Mercurial liniments.

**Q**.—What is a Diuretic?

**A**.—A medicine which, when taken internally, increases the secretion by the kidneys, and by consequence the flow of urine.

**Q**.—What are the chief Diuretics?

**A**.—Cream of Tartar, Nitrate of Potash, Squills, Digitalis, Juniper, Copaiba, Cantharides, Muriate of Ammonia, Jalap and Elaterium.

**Q**.—What is the meaning of the word Drastic?

**A**.—It is applied to those medicines which are very violent in their action, as Elaterium and Gamboge, which are called Drastic Purgatives; and the Sulphates of Zinc and Copper and Tartar Emetics which are called Drastic Emetics.

**Q**.—What is an Emetic?

**A**.—A medicine which has the power of evacuating the contents of the stomach, independent of their quantity or any nauseousness in their taste or odour.

**Q**.—How are Emetics divided?

**A**.—Into vegetable and mineral.

**Q**.—What are the chief vegetable Emetics?

**A**.—Ipecacuanha, Squills, powdered white mustard seeds, Infusion of Chamomile flowers, Tobacco and Asarabacca.

**Q**.—What are the chief Mineral Emetics?

**A**.—The Tartrate of Antimony, the Sulphates of Zinc and Copper, the Subacetate of Copper and Ammonia.

**Q**.—What is an Emmenagogue?

**A**.—Any medicine which possesses the power of promoting the monthly discharge by the Uterus.

**Q**.—How are Emmenagogues divided?

J.—Sard pání, Emulsion bádám ká, Linseed tea yáne alsí kí cháh, aur cháwal ká pání.

S.—Tahlíl karne wálí dawá kisko kahte hain ?

J.—Jis shai men ki khawás dafá karne yá tahlíl karne warm ká hotá hai.

S.—Jo dawá ki aksar batour tahlíl istámál men átí hain unká nám bayán karo ?

J.—Pláster bunne hooe Ammoniacum ke bashamúl yá biláshamúl símáb, Galbanum, Sábun, aur Plaster símáb aur Liniment símáb.

S.—Pesháb láne wálí dawá kisko kahte hain ?

J.—Wuh dawá ki jiske píne se ratúbat jism baráh gurda judá howe, aur usse pcsháb ziyádah rawáñ hojáwe.

S.—Mashhúr dawáen kon kon sí hain ?

J.—Cream of Tartar, shorah, janglí piyáz, Digitalis, Juniper yáne saro kohí, Copaiba, Cantharides yá Telini makkhí, Muriate of Ammonia, Jalap aur Elaterium.

S.—Kyá mánc hai lafz Drastic ke ?

J.—Yeh hai un dawáon ke liye mustámil ki jinká asar bahut tez hotá hai, maslan Elaterium aur Gamboge, yih dawáen Drastic Purgative yáne mashal tez kahlátí hain, aur Sulphates of Zinc aur Támbá, aur Tartar Emetic, yih dawáen Drastic Emetic, yane tez muqáí kahlátí hain.

S.—Rad láne wálí dawá kisko kahte hain ?

J.—Jo dawá ki khawás sáf karne mawád medeh ká rakhtí hai bazaria qy ke aur miqdár dawá, aur uske bad záiqá, aur badbúdár hone se kuchh iláqa nahí.

S.—Rad lánc wálí dawáen kyúñkar taqsím kí gaí hain ?

J.—Darmiyán nabátatí aur khání ke.

S.—Mashhúr nabátatí qyáwar dawáen kon kon sí hain ?

J.—Ipecacuanha, janglí piyáz, safúf safed ráí ká, Infusion of Chamomile Flowers, tambákoo aur Asarabacca.

S.—Mashhúr khání qyáwar dawáen, kon kon sí hain ?

J.—Tartrate of Antimony, Sulphates of Zinc aur Copper yáne Támbá, Subacetate of Copper aur Ammonia.

S.—Haiz láne wálí dawá kis ko kahte hain ?

J.—Jo dawá ki khawás ziyádah ikehráj máhí yáne haiz ká rakh-tí ho.

S.—Haizáwar dawáen kyúñkar taqsím kí gaí hain ?

**A.**—Into Stimulating, as Mercurial and Antimonial preparations: into Irritating as Aloes, Savine, and Spanish Flics: into Tonic, as the preparations of iron, the cold bath and exercise: into Antispasmodic, as Assafœtida, Castor, and warm foot baths.

**Q.**—What is an Emollient?

**A.**—Any remedy, which when applied to the solids of the body, renders them more soft, lax, and flexible.

**Q.**—How are Emollients divided?

**A.**—Into humectant, as warm water and tepid vapours; into relaxing, as marshmallows and linseed; into lubricating, as bland oils, fat and lard; and into atonic, as opium and the foot bath.

**Q.**—What is an Emulsion?

**A.**—A composition in which oils and oily fluids, or other substances which are not soluble in water, are suspended in water fluids, by means of viscid substances, such as mucilages or syrups.

**Q.**—What are the principal emulsions in use?

**A.**—Sweet Almonds and Gum Arabic, Assafœtida, Gum Ammoniacum and Camphor.

**Q.**—What is an Enema?

**A.**—A Clyster, a liquid or Gaseous form of Medicine thrown into the rectum, mostly for the purpose of emptying the bowels of Faeces.

**Q.**—Name some other uses of an Enema?

**A.**—For relaxing the powers of the body, and producing fainting, as when the fumes of tobacco are sent into the rectum, in order to effect the reduction of a strangulated gut. For the purpose of killing worms in the rectum, as the Threadworm: for defending the bowels from the irritation of bile, or any acrimonious secretion: for restraining a Diarrhoea: for nourishing the body when food cannot be received or be kept in the stomach: for allaying spasms in the stomach, bowels, lungs, kidneys, or other parts.

**Q.**—What is an Epispastic?

**A.**—Any substance which is capable, when applied to the surface of the body, of producing a thin serous fluid from the exhalants,

*J.*—Darmiyán mufarrah, jaise ki Mercurial aur Antimonial Preparations: darmiyán jalániwáli, jaisá kí Elwa, Savine aur Spanish Flies yáne Teliní makkhí: darmiyán muqawwí, maslan dawáen bani howen lohá ke, naháne ṭhande pání se, aur chhal qadmí karná: darmiyán dásfá tashannuj ke, jaisá ki híng, Castor, aur garm pání se naháná.

*S.*—Mulayyan dawá kisko kahte hain ?

*J.*—Jo dawá kí jism ke sakht ázá ko lagái jáwe, aur usko narm mulayyan aur mutharrik karde.

*S.*—Mulayyan dawáen kyunkar taqsím kí gaí hain ?

*J.*—Darmiyán martúbí, jaise garm pání, aur bukhárát nímgaru; darmiyán dhílā karnewálí, jaise Marshmallows aur alsí; darmiyán chikne, jaisá ki muláim tel, charbí, aur suar kí táí huí charbí; aur darmiyán atonic, jaise afím aur pashoya karná.

*S.*—Chikní dawá kisko kahte hain ?

*J.*—Dawá murakkab jis men tel aur chikní chízen, aur aisi chízoñ se jo pání men nahín galtín hain, aur jab kisi qism ke pání men dhálí jáwen, basabab luábdár hone ke pání men na milen balki uskí satah par tair ke rahen, jaisá ki Mucilages yá Syrups.

*S.*—Mashhúr chikní dawáen kon kon se mustámil hain ?

*J.*—Badám shírín, Gum Arabic, híng, Gum Ammoniacum, aur kafúr.

*S.*—Pichkári kí dawá kisko kahte hain ?

*J.*—Pichkári kí dawá raqíq yá roshan hawá kí qism kí dawá jo dubar yáne Rectum men díjáti hai, aksar wáste khálí karne antaryon ke baraz se uská istámál kíyá játá hai.

*S.*—Chand fawáyad dígar pichkári ke bayán karo ?

*J.*—Wáste dhílā karne táqat jismí ke, aur paidá karne behoshí ke, jaisá ki tumákoo kí dhúní dubar men dene se khuljáte haip, band ánt. Wáste már dálne kíron ke jo dubar men paidá hote haip, jaisá ki Threadworm kírá: wáste mahfúz rakhne antaryon ke pit kí tezí se, yá koí tezí mawád se: wáste rokne ishál ke: wáste tázgí jism ke jabki khurák mádah men nahín pahunchtí hai, aur nahín ṭhaharti; wáste kam karne tashannuj, mádah, antaryon, phepre, gurdah, yá dígar azá ke.

*S.*—Jild ookhárnewálí dawá kisko kahte hain ?

*J.*—Koí shai jo istámál kí játí hai wáste jild ukhárne ke, jo jism satah par lagái jáwe, to usse bukhár uṭhkar khál ubhaṛ jáwe, aur

which raises the cuticle and forms the appearance of a vesicle or blister, such as the vinegar of Spanish flies.

**Q.—What is an Errhine ?**

**A.—Any substance applied to the internal membrane of the nose excites sneezing, and increases the secretion in it, as powdered Tobacco, Assarabaca, white Hellebore and Veratrine.**

**Q.—What is an Escharotic ?**

**A.—Any substance that has the power of destroying any portion of the body to which it is applied by the formation of a slough.**

**Q.—How are Escharotics divided ?**

**A.—Into Eroding, as blue vitriol and burnt alum, and into Caustic, as the Nitrate of Silver, Potassa fusa, and the mineral acids.**

**Q.—What is an Expectorant ?**

**A.—Any thing which increases the discharge of mucous from the lungs.**

**Q.—How are Expectorants divided ?**

**A.—Into Nauseating, Stimulating, Irritating, and Antispasmodic.**

**Q.—Give examples of each sort ?**

**A.—Nauseating, as Ipecacuanha, small doses of Tartar Emetic, Squills, Ammoniacum, and Garlic; Stimulating, as Horehound Irritating, as fumes of tobacco and acid vapours; Antispasmodic, as Blisters, warm baths and watery vapours.**

**Q.—What is a Febrifuge ?**

**A.—That which possesses the property of abating the violence of any fever.**

**Q.—Name some of the articles usually employed as a Febrifuge ?**

**A.—Quinine, the different kinds of Cinchona Bark, Kutkuleja, Narcotine, Antimony and Mercury.**

**Q.—What is a Gargle ?**

**A.—A wash for the mouth and throat.**

**Q.—How are Gargles divided ?**

**A.—Into Stimulating and Astringent, as the infusion of Roses, and diluted Sulphuric Acid, or the infusion of red pepper and vinegar,**

bashakl áblah ke namúd howe, aur usmen patlá zard pání paidá howe, jaisá ki Spanish Fly ká sirká.

S.—Chhiqk láne wálí dawá kisko kahte hain ?

J.—Jo shai ki andar nák ke lagái jáwe to usse chhínk áwe, aur rezish ziyádah howe, jaisá ki písá huá tumákoo, Assarabaca, Kootki sufed aur Veratrine.

S.—Kátnewálí zaķhm kí dawá kisko kahte hain ?

J.—Koí shai jo jism par lagái jáwe, aur us jagah se jism ko chhichrā karke galá de.

J.—Adwiya zaķhm kátnewálí kyunkar taqsím kí gaí hain ?

J.—Darmiyán Eroding, yané khánewálí gosht kí, jaisá ki nilá thothá aur phiṭkirí baryán, aur darmiyán Caustic, jaisá ki Nitrate of Silver, Potassa fusa, aur tezáb khání.

S.—Kaf dafa karnewálí dawá kisko kahte hain ?

J.—Koí shaí ki jo i᷍hráj kaf ká phephre se ziyádah kare.

S.—Kaf dafa karnewálí dawá kyunkar taqsím kí gaí hain ?

J.—Durmiyán jí machlánewálí, mufarrah, jalánewálí, aur dafa tashannuj.

S.—Harek qism ke misál do ?

J.—Jí machlánewálí dawá, maslan Ipecacuanha, miqdár qalil Tar-tar Emetic, janglí piyáz, Ammoniacum, aur lahsan ; mufarrah, adwiyáh jaisá ki Horehound ; jalánewálí, maslan dhúní tumákoo aur bukhárat tezáb ; dafa tashannuj, jaisú ki Blister, ghusl karná arm pání se, aur bukhárát pání ke.

—Dafa bukhár dawá kisko kahte hain ?

J.—Jo dawá ki khawás kam karne shiddat bukhár ká rakh tí ho.

S.—Dafa bukhár dawáon men se jo aksar istamál men átí hain unká nám bayán karo ?

J.—Quinine, kai qism ke Cinchona Bark, kutkuleja, yané kar-runjhaw, Narcotine, Antimony aur párá.

S.—Gharghra kí dawá kis ko kahte hain ?

J.—Mugh aur halaq ke dhone kí dawá ko kahte hain.

S.—Gharghra kí dawáen kyunkar taqsím kí gaí hain ?

J.—Darmiyán mufarrah aur qabiz, jaisi ki khisánda guláb, aur Diluted Sulphuric Acid, yané patlá gandhak ká tezáb, yá khisánda lál

and into Mucilagenous and soothing, as rice water, barley water, or linseed tea.

**Q.—What is an Hydragogue ?**

**A.—Any medicine which possesses the property of increasing the secretions or excretions of the body, so as to cause the removal of water from any of its cavities, such as the Cathartic purgatives, Elaterium, and Compound Jalap Powder.**

**Q.—What is an Irritant ?**

**A.—Any thing applied to the surface of the body causing irritating unpleasant sensation, with heat and redness, as Caustic or any of the mineral acids.**

**Q.—What is a Laxative ?**

**A.—A medicine which promotes a discharge from the bowels with considerable ease, without very copious discharge or pain during its operation, and without any general excitement of the system.**

**Q.—Give examples ?**

**A.—Manna, Castor oil, Sulphur, alone or combined with Cream of Tartar, Rochelle, and some other neutral salts.**

**Q.—What is a Lithontriptic ?**

**A.—Medicines supposed to have the power of dissolving stone in the bladder, or of removing a disposition in the body to the formation of a calculus, as the Carbonates of Magnesia and Potash, and the Liquor Potassæ.**

**Q.—What is an Opiate ?**

**A.—A medicine into whose composition Opium enters in some of its forms.**

**Q.—What is a Parturifacient ?**

**A.—That which taken internally, causing the expulsion of the Foetus from the womb, as the Ergot of Rye.**

**Q.—What is a Purgative ?**

**A.—Any medicine which quickens or increases alvine evacuations.**

**Q.—Do Purgatives vary in the manner in which they produce their effects ?**

**A.—Yes; some act merely by exciting the muscular fibres of the intestines to increased peristaltic motion, and thus cause their**

mirch ká aur sirká, aur darmiyán Mucilagenous yáne luábdár aur Soothing, yáne taskín denewálí, maslan pích, jou ká páni, yá cháh alsí kí.

S.—Patlá dast láne wáli dawá kis ko kahte hain ?

J.—Jo dawá ki jism se nikálne wáli Secretions yá Excretions mawád ko ziyádah kare, jaisa ki páni jism ká kisí rastá jism se khárij hotá rahe, maslan mushil, Elaterium aur Compound Jalap Powder.

S.—Jalánewálí dawá kisko kahte hain ?

J.—Koí shai ki upar jism ke lagáí jáwe us sabab se jalan nagá-wár hiss, sáth garmí aur surkhí ke málum howe, jaisá Caustic yá koí tezáb khání.

S.—Peṭ narm karne wáli dawá kis ko kahte hain ?

J.—Jo dawá kí aṇtryoṇ meṇ se bahut ba-asání mawád iᜑhráj kare, magar bahut kasrat se mawád khárij ne howe, aur us dawá kí tásír hone meṇ bahut tabiat ko dard ne málum howe, aur kisse nau kí tahrík tabiat par tahik ná howe.

S.—Is ke mísal do ?

J.—Manna, arandí ká tel, gandhak, tunhá yá milá huá sáth Cream of Tartar, Rochelle aur dígar Neutral Salts ke.

S.—Dafá sang masáná dawá kisko kahte hain ?

J.—Jin dawáon meṇ yeh quwwat samjhí játi hai ki sang másána ko galáwen, yá usse mailán paidá howe Calculus ká jism se rafá hojáwe, maslan Carbonates of Magnesia aur Potash, aur Liquor Potassæ.

S.—Khwábáwar dawá kisko kahte hain ?

J.—Jo dawá kisí qism kí ufím se murakkab howe bich báze aqsám uske ke.

S.—Musqit dawá kis ko kahte hain ?

J.—Jo dawá ke jism ke andar pahunchne se rahhm ke bachche ko khárij kare, maslan Ergot of Rye.

S.—Dastáwur dawá kis ko kahte hain ?

J.—Jo dawá kí jaldí mawád ko khárij kare aur dast ziyádah láwe.

S.—Kyá koí taur se mushil ke tásír hotí hai ?

J.—Waqa meṇ káí taur se mushil ke tásír hotí hai, báze mushil ke tásír is taur se hotí hai ki aṇtryoṇ ke puṭṭhoṇ ke reshá usse khare hojáte hain aur wuh harkat Peristaltic hai, aur isí sabab se

**Kaladana, Aloes, Scammony, Rhubarb and Colocynth ;** some stimulate the mucous follicles and exhalants, so that a larger quantity of fluids than usual is excreted from the inner coat of the intestines, and thus the foecal evacuations are rendered more liquid and more copious, as the Sulphates of Magnesia and Soda, the Phosphate of Soda and Tartrate of Soda. Others so stimulate the neighbouring viscera as to occasion a more copious discharge of the Bile and Pancreatic liquor, as Calomel and Blue pill.

**Q.—What is the meaning of a Drastic purgative ?**

**A.—Any purgative that acts in a very violent manner, as Croton Oil, Gamboge and Scammony.**

**Q.—What is a Refrigerant ?**

**A.—A medicine or application intended to diminish the morbid heat of the body.**

**Q.—Name some of the articles usually employed as Refrigerants ?**

**A.—Internally, Iced water, Vinegar, Lemon Juice, the Nitrate of Potash, Vegetable Acids, Tartaric Acid and Cream of Tartar ; externally, Ice, cold water, Goulard wash, Vinegar, Muriate of Ammonia and Sugar of Lead.**

**Q.—What is a Repellant ?**

**A.—Any application which makes a disease recede from the surface of the body.**

**Q.—What is a Rubefacient ?**

**A.—Any substance employed to give to the skin a degree of irritation less than what is given by a blister.**

**Q.—Name a few Rubefacients commonly employed ?**

**A.—Hot water, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony and Potash, and the Hydriodate of Potash.**

**Q.—What is a Sialogogue ?**

**A.—Any medicine which has the power of increasing the flow of saliva, such as the different preparations of Mercury, Squills, Nicotine and Pepper or Ginger.**

mawád unká jald aur bilkul sáf hojátá hai, maslan Jalap, Kalandáná, Elwa, Sukmooniyá, rewund chíní, aur Colocynth; baze dawáen Mucous Follicles aur Exhalants ko mufarrah karte hain, kí usse khárij hone wálí muwád sriyál ho, banisbat mámulí ke antaryon ke andar se ziyádah nikalte hain, aur is sabab se dast ziyádah patle our ziyádah hojáte hain, maslan Sulphates of Magnesia aur Soda, Phosphate of Soda, aur Tartrate of Soda. Baz dawáen áspás ke mawád ko tárik kartí hain takí pit aur Pancreatic páni ziyádah aur bañhubí khárij ho jáwe, maslan Calomel aur Blue pill.

S.—Drastic Purgative se kyá murád hai ?

J.—Koí dawá mushilá ke bashiddat aur tezí se tásír kare, maslan jamálgote ká tel, Gamboge aur Sukmooniyá.

S.—Dafá garmí kí dawá kisko kahte hain ?

J.—Jo dawá kí kháne yá lagáne se jism ke maraz kí garmí ko kam kare.

S.—Jo dawáen ki aise aksar istámál men átí hain unká nám bayán karo ?

J.—Dawáen ki andar jism kí pahunchái jáwen, jaise barf ká páni, Sirká, araq Limon ká, shorah, tezáb nabátáti, Tartaric Acid, aur Cream of Tartar; aur jo dawáen ki jism ke upar mustámál hon, jaise barf, sard páni, Goulard páni, sirká, Muriate of Ammonia aur Sugar of Lead.

S.—Khárij karnewálí dawá kisko kahte hain ?

J.—Jis dawá ke lagáne se maraz jism ke satah se haṭ jáwe ?

S.—Surkh karnewálí badan kí dawá kisko kahte hain ?

J.—Jis dawá sc ki jism ko Blister ki taklíf ki nísbat kam sozish pahunche.

S.—Jo dawáen surkh karne wálí badan ki aksar mustámil hain unká nám bayán karo ?

J.—Garm páni, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony aur Potash, aur Hydriodate of Potash.

S.—Joshe dahan kí dawá kisko kahte hain ?

J.—Jo dawá ke munh kí rál ko ziyádah kare, maslan muḥtalif adwiya murakkab párá ke, janglí piyáz, Nicotine aur mirch yá sonth.

S.—Mufarrah adwiyah kisko kahte hain ?

**Q.—Medicines, or other circumstances capable of exciting the vital energy, whether as exerted in sensation or motion.**

**Q.—How are Stimulants divided ?**

**A.—** Into the diffusible, as the Volatile Alkalies, Electricity, and Heat; into the internal, as spirituous liquors of different kinds, wines, warm spices, musk, Castor, Ammonia, and warm drinks, such as tea, gruel, rice water, or broths; and into local, as blistering flies, either the Spanish or the Telini, Alcohol, Ether, Ammonia, Caustic, Creasote, Bluestone, Chloride of Zinc, Nitrate of Mercury, Arsenious acid, and all the Mineral acids.

**Q.—What is a Stomachic ?**

**A.—** A term commonly used to denote any medicine which is believed to be beneficial to the stomach, and to promote the powers of digestion.

**Q.—What medicines are commonly given to act as Stomachics ?**

**A.—** Rhubarb, Aloes, Myrrh, Pepper, Ginger and various condiments are often given.

**Q.—What is a Styptic ?**

**A.—** Any substance which possesses the power of stopping haemorrhage.

**Q.—Name some of the articles usually employed as Styptics ?**

**A.—** Ice, Alum, Turpentine, and the Muriated Tincture of Iron.

**Q.—What is a Sudorific ?**

**A.—** Any medicine which increases the exhalation by the skin in such a quantity, that it appears on the surface in a liquid form.

**Q.—How many kinds of Sudorifics are there ?**

**A.—** Three, viz., those which promote sweat by stimulating the vessels of the skin, as external heat, friction, or medicines which taken into the circulation, exert their influence on the skin, as mercurial medicines and sulphur, or those which being applied to the stomach act on the skin by its sympathy with that organ, thus cold drinks sometimes prove powerful Sudorifics; second, those which increase the general action of the vascular system, as the warm bath, violent exercise, Alcohol, Ammonia and Guiacum; third, those which relax the construction of the perspiring vessels.

J.—Adwiyat, yá dígar hálat men jinse mízaj kí quwwat ko harkat howe, yane usse andar jism ke riqqat howe yá jism ko harkat pahunche.

S.—Kyonkar mufarrah dawáen taqsím kí gaí hain ?

J.—Darmiyán qabil intishár, jaisá ki Alkali urningálí, Electri-city, yane jazb, aur garmí; darmiyán andarúní, jaisá kai qism ke ərq, sharáben, garm masálá, mushk, Castor, Ammonia, aur garm noshidní, jaisá cháh, pich, cháwal ká pání, yá shorbe; aur darmiyán adwiyah, jo muqám marz par lagái jáwe, jaisá Spanish Flies, yane Telini makkhí, Alcohol, Æther, Ammonia, Caustic, Creasote, nilá thothá, Chloride of Zinc, Nitrate of Mercury, Arsenious Acid, yane tezáb sañkhiyá ká, aur tamám tezáb khání.

S.—Muqawwí miuduh dawá kisko kahte hain ?

J.—Jo dawá ki aksar is istiláh men mustamíl hain ki miuduh ke haq men musíd hon, aur taqwíyat hazúmá ko ziyádah kare.

S.—Kon kon sí dawáen aksar muqawwí muiduh mustamíl hotí hai ?

J.—Rewand chíní, Elwa, murr, mirch, sonjh aur mutfarriq qism ke masalah aksar diye játí hain.

S.—Khún band karnewálí dawá kisko kahte hain ?

J.—Jo dawá ki khún ko band kare.

S.—Jo dawáen aksar wáste khún band karne ke müstamíl hotí hain unká nám bayán karo ?

J.—Barf, phiṭkírí, turpan tel, aur Muriated Tincture of Iron.

S.—Pasíná lánewalí dawá kisko kahte hain ?

J.—Jo dawá ki jism se is qadar bukhárát uṭháwe ki wuh bukhárát bashakl pání satah par jism ke namúdár howen.

S.—Pasíná lánewalí dawáen kai qism kí hotí hain ?

J.—Tín, awwal, jo ki jism kí ragoñ ko tárík karke pasíná khárij karen, maslan báhar kí garmí, málish, yá jo dawáen ki jism ke mawád siyál ke sáth shámil hokar jism ke post par tásír karen, maslan dawáen párah aur gandhak kí, yá jo adwiyah ki mādah par lagái jáwen basabab muwáfqatyá miuduh post par tásír karen, maslan ṭhandáien baz auqát pasíná láne men bahut muqawwí hote hain ; doyam, jo dawáen ki Vascular System, yane ragon kí harkat ko ziyádah karen, jaisá garm pání men ghusl karná, bahut mahnat, Alcohol, Ammonia aur Guiacum ; seyam, jo dawáen ki inqibáz raghá pasíná

as Antimorial preparations, the cold effusion and saline diaphoretics.

**Q.—What is a Suppurative?**

**A.—Any thing which, when applied to the body, causes that morbid action by which pus is deposited in inflammatory tumours.**

**Q.—What is usually employed to cause Suppuration?**

**A.—Hot fomentations and poultices of different kinds, either medicated or not.**

**Q.—What is a Tonic?**

**A.—Any thing which increases the tone or strength of the muscular fibres.**

**Q.—How are Tonics divided?**

**A.—Into Alterative, Antispasmodic, Astringent, Bitter and Convulsive.**

**Q.—Name some of the Alterative Tonics?**

**A.—Sarsaparilla, Ununtamool, Guiacum, Mezerion, and Serpentine.**

**Q.—Name some of the Antispasmodic Tonics?**

**A.—Ammonia, Musk, Valerian, Assafœtida, Castor, Galbanum, and Meadow Saffron.**

**Q.—Name some of the Astringent Tonics?**

**A.—Cinchona Bark, Logwood, Oak Bark, Gallnuts, Pomegranate, Rhubarb, Catechu, Alum, Sugar of Lead, Sulphates of Copper and Zinc, Nitrate of Silver and Corrosive Sublimate.**

**Q.—Name some of the Bitter Tonics?**

**A.—Quinine, Gentian, Quassia, Chyryatta, the different kinds of Peruvian Bark, Chamomile flowers, Extract of Rusot, Iceland Moss and Wormwood.**

**Q.—Name some of the Convulsive Tonics?**

**A.—Assafœtida, Valerian, Galbanum, Nux Vomica, Arsenical Solution, Blue Pill, Calomel, and the preparations of Iron.**

áwar ko khole, jaisá adwiyah murakkab Antimony ke, sard paní dál-ná aur namkín arq áwar.

S.—Píb paidá karnewálí dawá kisko kahte hain ?

J.—Jo dawá ki jism par lagái jáwe to usse aisí tásír paidá ho ki rádh warm muhraz men jamā hojáwe.

S.—Aksar kon kon sí chízen wáste pakáne ke kám men átí hain ?

J.—Garm síñkeñ aur kaí qism kí luprín, khwá murakkab hon khwá ghair murakkab.

S.—Muqawwí dawá kisko kahte hain ?

J.—Jo dawá ki harkat aur táqat reshá puṭṭhon kí ziyádah kare.

S.—Adwiya muqawwí kis tarah par taqsím kí gaí hain ?

J.—Darmiyán Alterative; Atispasmodic, Astringent, Bitter aur Convulsive.

S.—Chand adwiya badan sudhárnewálí muqawwí men se unká nám bayán karo ?

J.—Ushbá, Ununtmúl, Guiacum, Mezerion, aur Serpentary.

S.—Chand adwiya dáfa tashannuj muqawwí men se unká nám bayán karo ?

J.—Ammonia, mushk, Valerian, híng, Castor, Galbanum, aur zaf-rán.

S.—Chand adwiya qábiz muqawwí men se unká nám bayán karo ?

J.—Cinchona Bark, sandal surkh, chhál balút, májúphal, anár, rewand chíní, katthá, phiṭkirí, Sugar of Lead, Sulphates of Copper yane támبا aur Zinc ká, Caustic aur raskupúr.

S.—Chand adwiya talkh muqawwí men se unká nám bayán karo ?

J.—Quinine, Gentian, Quassia, Chyryatta, kai qism ke Peruvian Bark, gul babúná, Extract of Rusot, Iceland Moss aur Uisuntín Rúmí.

S.—Chand adwiya Convulsive muqawwí men se unká nám bayán karo ?

J.—Híng, Valerian, yane Billí Loṭun, buríja, Nux Vomica, Sap-khiá ká pání, Blue Pill, Calomel, yane pára ká kushtá, aur murak-kabát lohe kí.

PART II.  
ON THE  
**MATERIA MEDICA.**

BA'B DOYAM.

---

DAR BAYA'N DAWA' SA'ZI'.

PART II.  
ON THE  
MATERIA MEDICA.

## TABLE.

*Regulating the ordinary proportion of doses according to the age of the patient.*

|   |                       |
|---|-----------------------|
| 1 For an adult, .. . . . .                    | 1 drachm.             |
| $\frac{2}{3}$ From 21 years to 14, .. . . . . | 2 scruples.           |
| $\frac{1}{2}$ From 14 years to 7, .. . . . .  | $\frac{1}{2}$ drachm. |
| $\frac{1}{3}$ From 7 years to 4, .. . . . .   | 1 scruple.            |
| $\frac{1}{4}$ From 4 years old, .. . . . .    | 15 grains.            |
| $\frac{1}{5}$ From 3 years old, .. . . . .    | 10 grains.            |
| $\frac{1}{6}$ From 2 years old, .. . . . .    | 8 grains.             |
| $\frac{1}{12}$ From 1 year old, .. . . . .    | 5 grains.             |

*Acetum Cantharides*, or vinegar of Spanish Flies.

*Use*.—As an Epispastic, to make an extemporaneous Blister. It is not used internally.

*Acetum Colchici*, or vinegar of Meadow Saffron.

*U*.—As a Diuretic in Gout and Rheumatism.

*Dose*.—Half a drachm to one drachm, in any bland fluid.

*Acetum Scillæ*, or vinegar of Squills.

*U*.—Expectorant and Diuretic.

*D*.—Half a drachm to two drachms in any Aromatic distilled water.

*Acetic Acid*, or the Acidum Aceticum.

*U*.—Acetic Acid when diluted is refrigerant, and is given in Hæmorrhage, especially in cases where the Acetate of Lead has been given, as it increases the solution of that salt. Externally it is used as a lotion, which has lead in it.

## B A' B D O Y A M.

## DAR BAYA' N DAWA' SA' ZI'.

## NAQSHA.

*Bábáti māmúlī miqdár adwiyat bámujib umr bímár ke.*

|   |             |
|---|-------------|
| 1 Hissa wáste báligh ke, .. . . . .             | 1 drachm.   |
| ½ Do suls az ikkís lagháyat chaudah sál, .. .   | 2 scruples. |
| ½ Nisf az chaudah tá sát sál, .. . . . .        | ½ drachm.   |
| ¼ Suls az haft sál tá chahár sál, .. . . . .    | 1 scruple.  |
| ¼ Jo larká chahár sál ká ho, chaháram hissa, .. | 15 grains.  |
| ½ Aur jo ba umr se sál ho, chatá hissa, .. .    | 10 grains.  |
| ½ Aur jo ba umr do sál ho, áthwán hissa, ..     | 8 grains.   |
| ⅓ Aur jo ba umr ek sál ho, bárahwán hissa, ..   | 5 grains.   |

*Acetum Cantharides*, yáne sirká Spanish Fly ká.

*Eáidah*.—Batour Epispastic, wáste jald banáne Blister ke yih dawá kám átí hai. Yih dawá piláí nahín játí.

*Acetum Colchici*, yáne sirká zafrán midú ká.

*F*.—Yih dawá wáste idrár ke baárzah niqras aur gaáhyá ke dete hain.

*Miqdár*.—Nisf drachm se ek drachm tak, kisí narm saiýál men díjáwe.

*Acetum Scillæ*, yáne sirká jaanglí piyáz ká.

*F*.—Wáste kaf nikálne aur idrár pesháb ke dete hain.

*M*.—Nisf drachm se do drachm tak kisí khushbúdar táké húe pání men díjáwe.

*Acetic Acid*, yá Acidum Aceticum.

*F*.—Jab yeh dawá pání men miláí jáwe tab tásír uskí sard hotí hai, aur Hœmorrhage, yáne ijráe khún kí bímári men díjáti hai, khasús us súrat men jab ki Acetate of Lead díyá játá hai, iswáste ki yih dawá us súrat men us namak ko galá detí hai, ki jo murakkab shíshe se ho, báhar jism par lagáne sc yih dawá bataur Lotion, yáne gházah mustamíl hotí hai.

*Acidum Benzoicum*, yáne Benzoic Acid, lobán ká sat uráyá huá.

*U.*—Stimulant and expectorant, but seldom used except in making the Compound Tincture of Camphor or Paregoric Elixir.

*Acidum Citricum*, or Citric Acid.

*U.*—Refrigerant, combined with Potash or Ammonia.

*D.*—Ten grains to half a drachm.

*Acidum Hydrochloricum*, or Muriatic Acid.

*U.*—Internally it is seldom used except in cases of Scarlatina and Typhus Fever. Occasionally it is given as a Vermifuge, mixed in an Infusion of Quassia.

*D.*—Five to twenty minims three or four times a day.

*Acidum Hydrocyanicum Dilutum*, or Diluted Prussic Acid.

*U.*—Sedative, allaying pain, checking vomiting, and calming irritation of the intestines, given therefore in incipient Cholera, Colic, Gastric Inflammation, and in many Spasmodic diseases, especially Asthma.

*D.*—One to three drops, with a table spoonfull of sugar and water.

*Acidum Nitricum*, or Nitric Acid.

*U.*—It is seldom used internally, but externally it is sometimes as an Escharotic.

*Acidum Nitricum Dilutum*, or Nitric Acid Diluted.

*U.*—Antiphlogistic, Tonic, Diuretic and Lithontriptic, very useful in obstinate Syphilis and Chronic Inflammation of the Liver.

*D.*—Minims five to forty, three times a day.

*Acidum Phosphoricum Dilutum*, or Diluted Phosphoric Acid.

*U.*—Tonic, and given to correct those morbid states of the system in which a tendency exists to unusual depositions of Phosphate of Lime as in Exostosis, and to allay thirst in cases of Diabetes.

*D.*—Minims twenty to sixty, three times a day.

*Acidum Sulphuricum Dilutum*, or Diluted Sulphuric Acid.

*F.*—Yeh dawá muharrik aur kaf nikálnewálí bahut kam mustamíl hai, magar sirf wáste banáne Compound Tincture Camphor ke yá Paregoric Elixir ke kám átí hai.

*Acidum Citricum*, yáne Citric Acid, Limon ká ras jamayá húá.

*F.*—Sardí paidá kartá hai jab ki sajjí yá nousádar ke satí ámez kíyá jáwe.

*M.*—Das grain se nisf drachm tak.

*Acidum Hydrochloridum*, yáne Muriatic Acid, namak ká tezáb.

*F.*—Yih dawá wáste píne ke bahut kám mustamíl hai, magar sirf bímári Scarlatina aur Typhus bukhár men píte hain. Kabhí kabhí wáste khárij karne kirm ke díjátí hai, aur Quassia, yáne taj ke khisándah men milákar usko píte hain.

*M.*—Páñch se bíis minim, yáne qatrah tak ek din men tíñ chár martabah dete hain.

*Acidum Hydrocyanicum Dilutum*, yáne Diluted Prussic Acid.

*F.*—Wáste árám dene, aur kam karne dard ke, aur qai ko rafa karne, aur antaryoñ kí sozish mauqúf karne men mustamíl hotí hai, aur yih dawá bímári haizáh ke shuru men díjátí hai, aur baárzah qúling aur sozish peñ ke, wa digar maør paidá karnewálí marzoñ ke díjátí hai, khasús baárzah zíqunnafs ke.

*M.*—Ek qatrah se tíñ qatrah tak, bashámúl ek majhole chamche shakkár aur páni ke píte hain.

*Acidum Nitricum*, yáne Nitric Acid, tezáb shore ká.

*F.*—Is dawá ko andar jism ke bahut kam pahuncháte hain, magar kabhí kabhí háhar se wáste galánc jism ke istamál karte hain.

*Acidum Nitricum Dilutum*, yáne Diluted Nitric Acid.

*F.*—Dáfá sozish, aur muqawwí, medeh aur mudir, aur wáste galánc pathrí, baárzah Syphilis shadíd, aur darpáh sozish jigar ke mufíd hai.

*M.*—Páñch minim se chálís minim tak, tíñ martabah ek diu men.

*Acidum Phosphoricum Dilutum*, yáne Diluted Phosphoric Acid.

*F.*—Wáste muqawwí karne medeh ke, aur wáste durust karne hálate bímári tabiat ke jismen ki bakasrat Phosphate of Lime badan men jamá hojátá hai dete hain, jaise ki baárzah Exostosis, aur nez wáste kam karne tishnagí bamarz Diabetes, yáne Ziyabatus.

*M.*—Bíis se sáñh minim tak ek din men tíñ martabah.

*Acidum Sulphuricum Dilutum*, yáne Diluted Sulphuric Acid, gan-dhak ká patlá tezáb.

**U.**—Refrigerant, Antiseptic, Astringent, Tonic and Diuretic, useful in weakness and relaxation of the digestive organs, in Colliquative Sweats, and in internal Hæmorrhage.

**D.**—Minims ten to forty, three or four times a day.

*Acidum Tartaricum*, or Tartaric Acid.

**U.**—It is not much used alone, but is chiefly employed in making the effervescent powders, with Carbonate of Soda.

**D.**—Grains twenty-five to thirty.

*Æther Sulphuricus*, or Sulphuric Æther.

**Use.**—Stimulant and Antispasmodic, externally as a Refrigerant.

**Dose.**—Half a drachm to two drachms.

*Spiritus Ætheris Nitrici*, or Spirit of Nitric Æther.

**U.**—Refrigerant, Diuretic, Diaphoretic, Stimulant and Antispasmodic.

**D.**—Half a drachm to two drachms, several times a day.

*Spiritus Ætheris Sulphurici Compositus*, or Compound Spirit of Sulphuric Æther.

**U.**—Stimulant and Antispasmodic.

**D.**—Half a drachm to two drachms occasionally.

*Aconitina.*

**Use.**—Not given internally, but externally.

**Does.**—One grain mixed with one drachm of Lard, is very useful in Neuralgic affections.

*Anarcotina.*

**U.**—As a febrifuge in doses of one-third of a grain to half grain as a substitute for Quinine. In one grain doses, three times a day, it is a valuable Tonic, especially in convalescence after child-birth.

*Ammonia Sesquicarbonas*, or Sesquicarbonate of Ammonia.

*F.*—Sardí paidá kartá hai, jism ko sarne se baz rakhtá hai, aur qábiz aur muqawwí medeh aur mudir, aur wáste zauf aur sustí azái házmá ke mufid hai, aur wáste Colliquative Sweats, yane un bimáriyon ke jin men pasíná bahut kasrat se nikáltá hai, aur wáste andarúní Hoemorrhage, yane ijráe khún ke bahut mufid hai.

*M.*—Das se chális minim tak, ek din men tím chár martabah díjáwe.

*Acidum Tartaricum*, yane Tartaric Acid.

*F.*—Yih dawá kabhí kabhí aláhidah díjátí hai, magar aksar Carbonate Soda ke sáth safúf banáte hain, jis safúf ke páni men dálne se páni ubaltá hai.

*M.*—Pachchís grain se tís grain tak.

*Æther Sulphuricus*, yane Sulphuric Æther.

*Fáidah*.—Muharrík aur Antispasmodic, yane dáfai tashannuj, aur báhar lagáne se tásír uskí bárid hai.

*Miqdár*.—Nisf drachm se do drachm tak.

*Spiritus Ætheris Nitrici*, yane Spirit Nitric Æther ká.

*F.*—Bárid, aur mudir, aur muárriq, aur muharrik aur dáfai tashannuj.

*M.*—Nisf drachm se do drachm tak, kái martabah ek din men.

*Spiritus Ætheris Sulphurici Compositus*, yane Compound Spirit Sulphuric Æther ká.

*F.*—Muharrik aur dáfai tashannuj.

*M.*—Nisf drachm se do drachm tak kabhí kabhí.

*Aconitina.*

*Fáidah*.—Andar jism ke usko nahín pahuncháte, magar báhar jism par lagáte hain.

*Miqdár*.—Ek grain Aconitina ká bashámul ek drachm charbí ke, wáste marz Neuralgic ke bahut mufid hai.

*Anarcotine.*

*F.*—Dáfa bukhár hai, miqdár uská ek suls grain se nisf grain tak hai, bajwaz Quinine ke diyá játá hai. Bamiqdár ek grain tím martabah ek din men diyá jáwe, medeh kí quwwat bakshne men, khasúsan bád sihat ke ki bád janne ke hotí hai, bahut umdah dawá hai.

*Ammonia Sesquicarbonas*, yane Sesquicarbonate Ammonia ká.

*U.*—Stimulant, Antispasmodic, Diaphoretic, powerful Antacid, and in large doses Emetic.

*D.*—Five grains to twenty, but if as an Emetic thirty grains.

*Brucine*, or the Sulphate of Brucine.

*U.*—A most powerful convulsive Tonic in Paralytic affections. If an overdose should be accidentally taken, an immediate vomit is the only remedy.

*D.*—Half grain to one grain, three times a day.

*Liquor Ammoniae*, or Solution of Ammonia.

*U.*—Stimulant, Rubefacient and Antacid.

*D.*—Ten to thirty minimis, two or three times a day.

*Liquor Ammoniae Acetatis*, or Solution of the Acetate of Ammonia, also called Spirit of Mindererus.

*U.*—Internally Diaphoretic and Diuretic, Externally Refrigerant.

*D.*—One drachm to an ounce, every three or four hours.

*Liquor Ammoniae Sesquicarbonatis*, or Solution of Sesquicarbonate of Ammonia.

*U.*—Stimulant, Diaphoretic and Antispasmodic; should be given in milk or any bland fluid.

*D.*—Half a drachm to two drachms.

*Morphiae Acetas*, or Acetate of Morphia.

*U.*—Sedative and Antispasmodic.

*D.*—Quarter of a grain to one grain.

*Morphiae Hydrochloris*, or Muriate of Morphia.

*U.*—A powerful Sedative and Antispasmodic.

*D.*—Quarter grain to one grain, gradually increased to two or three grains.

*Muriate of Ammonia*, or Sal Ammoniac.

*U.*—Not given internally; a lotion composed of one part of Muriate of Ammonia, dissolved in twenty-four parts of Spirits of Wine, and the same quantity of distilled vinegar, is much used as an external application to bruised parts and indolent tumours; acting as a Refrigerant.

*F.*—Muharrik, aur dafai tashannuj, aur muarriq, aur wáste rafa karne Antacid ke bahut qawwí hai, aur agar ziyádah miqdár is dawá ká istamál kiyá jáwe to qaiawar hai.

*M.*—Páñch grain se bís grain tak, magar wáste láne qai ke tís grain.

*Brucine*, yane Sulphate Brucine ká.

*F.*—Baárzah fálij wáste quwwat dene medeh ke bahut qawwí ainthnewálí dawá hai. Agar miqdár muayan se koí shakhs ittafá-qan ziyádah Brucine khá lewe, filfour istafirágħ karáná jald dafayah uská tajwíz huá hai.

*M.*—Nisf grain se ck grain tak, ek din men tíń martabah.

*Liquor Ammoniae*, yane Solution Ammonia ká.

*F.*—Muharrik, Rubefacient, yane lál karnewálá aur Antacid.

*M.*—Das minim se tís minim tak, do yá tíń martabah ek din men.

*Liquor Ammoniae Acetatis*, yane Solution Acetate Ammonia ká, aur isko Spirit Mindererus kábhí kahte hain.

*F.*—Agar andar jism ke pahunche to mudir aur muarriq, aur jo úpar jism ke mustamil ho to bárid hai.

*M.*—Ek drachm se ek ounce tak, har tísre chauthé ghanṭe men istamál uská kiyá jáwe.

*Liquor Ammoniae Sesquicarbonatis*, yane Solution Sesquicarbonate Ammonia ká.

*F.*—Muharrik, aur mudir aur dásfai tashannuj; yih dawá dúdh ke sáth yá dígar muláim saiýál ke sath díjáwe.

*M.*—Nisf drachm se do drachm tak.

*Morphiae Acetas*, yane Acetate Morphia ká.

*F.*—A'sáish dihandah aur dásfai tashannuj.

*M.*—Chaháram grain se ek grain tak.

*Morphiae Hydrochloris*, yane Muriate Morphia ká.

*F.*—Niháyat dard mauqúf karnewálá, aur dafai tashannuj.

*M.*—Chaháram grain se ek grain tak, batadrij do yá tíń grain tak bařháyá jáwe.

*Muriate of Ammonia*, yá Sál Ammoniac.

*F.*—Andar jism ke nahín mustamil hoti; ek lotion, yane gházah uská ki usmen ek hissah Muriate of Ammonia, aur chaubís hissah Spirits of Wine, our usí qadar tapkáyá húá sirká miláyá jáwe, waste lagáne zakhm aur choṭ yá phore ke ki bahut arse tak qáim ho bahut mufid hai; tásír uskí bárid hai.

*Quinine Disulphas, or Disulphate of Quinine.*

*U.*—A powerful febrifuge, and an excellent Tonic. This medicine should only be given in intermitting fevers, when the skin is moist, head cool, and the bowels well open.

*D.*—One to five grains, three or four times a day.

*Strychnia, or Strychnine.*

*U.*—In doses of one-eighth of a grain given internally in Paralysis, externally it is used as an ointment in Amaurosis.

*Veratria, or Veratrine.*

*U.*—It is supposed to increase all the secretions, and has been given in Gout and Rheumatism. Externally, it is a very useful application in Nervous affections, by mixing five grains in four drachms of Lard, and rubbing it into the part affected, a portion the size of a large pea, three times a day.

*Cataplasma Conii, or Poultice of Hemlock.*

*U.*—Applied as a Sedative to irritable sores, and Scrophulous Glandular swellings.

*Cataplasma Coronilla, or Poultice of the Nutiya leaf.*

*U.*—A common Emollient application.

*Cataplasma Daturæ, or Datura Poultice.*

*U.*—A good Narcotic Poultice to inflamed tumours and to external but not internal piles.

*Cataplasma Fermenti, or Poultice of Yeast.*

*U.*—Applied to fœtid and sloughing sores.

*Cataplasma Lal-Chitra, or Poultice of Lal-Chitra.*

*U.*—A powerful, cheap and excellent Blister, made by bruising the bark, and applied to Buboes in their incipient state.

*Cataplasma Lini, or Linseed Poultice.*

*U.*—A useful Emollient application.

*Cataplasma Nim, or Poultice of Nim leaf.*

*Quinine Disulphas*, yane Disulphate Quinine ká.

F.—Buķhár ke dafa karne men bahut qawwí, aur medeh kí qawwat dene men bahut mufid hai. Yeh dawá sirf baārzah buķhár bárí ke istamál kíjáwe, us súrat men jab ki jism tar, aur tħandá, aur antaryán baķhbúbi kushádah howen.

M.—Ek grain se pānch grain tak, ek din men tím chár martabah. *Strychnia*, yane Strychnine.

F.—Baārzah fálij bamiqdár áthwen hissah ek grain ke andar jism ke istamál kíjáwe; aur baārzah Amaurosis, yane zaháb ulbasar bataur marham lagái jáwe.

*Veratria*, yane Varatrine.

F.—Mashhúr hai ki yih dawá khárij honewále aur iláhidah honewále ajsám se saiyl ko ziyádah kartí hai, aur baārzah niqrás aur gaħtiyá mustamil hotí hai. Báhar lagáne men ragon ke árzah men yih dawá bamiqdár pānch grain, chahár drachm charbí men, milákar jis muqám par taklíf ho, us muqám par lagái jáwe, aur usse málish kíjáwe, bahut mufid hotí hai, miqdár dáneh kalán maṭar ke, ek din men tím martabah istamál is dawá ká kiyájáwe.

*Cataplasma Conii*, yane Poultice Hemlock ká.

Fáidah.—Wáste áram dene phore ke ki jismen sozish ho, aur warm kathle ke ki baarzah kañthmálá lahaq ho, mufid hai.

*Cataplasma Coronilla*, yane Poultice barg Nutiya ká.

F.—Umúman wáste mulayyan karne ke mustamil hai.

*Cataplasma Daturæ*, yane Poultice Datura ká.

F.—Achchá Narcotic, yane sun karnewálá Poultice hai, us phore men ki jismen sozish ho aur bawásir berúní par lagáyá játá hai, magar bawásiri andarúní par nahín lagáyá játá.

*Cataplasma Fermenti*, yane Poultice ḥamír ká.

F.—Yih Poultice fœtid, yane badbú aur chħichredár gháon men lagáyá játá hai.

*Cataplasma Lal-Chitra*, yane Poultice Lal-Chitra ká.

F.—Bahut qawwí, aur arzán aur umdah Blister hai, bark ko kuchalkar banáte hain, aur bad par ibtidá men lagáyá játá hai.

*Cataplasma Lini*, yane Poultice alsí ká.

F.—Yih Poultice wáste mulayyan karne ke mustamil hai.

*Cataplasma Nim*, yane Poultice barg Nim ká.

*U.*—A useful application in swelled Testicles and to foul indolent ulcers.

*Cataplasma Orissa Arum*, or Ghet Kuchoo Poultice.

*U.*—Stimulant, Rubefacient and Counter-irritant; applied to indolent tumours and Buboes.

*Cataplasma Sinapis*, or Mustard Poultice.

*U.*—Stimulant and Rubefacient; applied spread on cloth to the soles of the feet in the low stage of Typhus Fever, when Stupor or Delirium is present, also in Coma and Apoplexy, and in other cases in which there is a great determination to the head.

*Ceratum Calamineæ*, or Cerate of Calamine.

*U.*—Useful in excoriations and Ulcers, and to burns after the inflammation has subsided.

*Ceratum Cantharides*, or Cerate of Spanish Flies.

*U.*—After a Blister has been applied, this Cerate is used to keep up the discharge.

*Ceratum Cetacei*, or Spermaceti Cerate.

*U.*—A soft cooling dressing for Blisters.

*Ceratum Hydrargyrum Compositum*, or Compound Cerate of Mercury.

*U.*—To promote the dispersion of indolent tumours.

*Ceratum Plumbi Acetatis*, or Cerate of the Acetate of Lead.

*U.*—A cooling dressing in cases of burns and excoriations.

*Ceratum Plumbi Compositum*, or Compound Cerate of Lead, commonly called "Goulard Cerate."

*U.*—The same as the last article, also a very useful application to the edges of the eyelids in Chronic Ophthalmia.

*Ceratum Resinæ*, or Resin Cerate, commonly called Yellow Basilicon.

*U.*—An excellent application to foul and indolent Ulcers.

*F.*—Wáste lagáne warm fóta aur násúr puráne ke mufid hai.

*Cataplasma Orissa Arum*, yané Ghet Kachú ká Poultice.

*F.*—Muharrik, aur lál karnewálá, aur dáfai sozish hai; kohnah, warm ázá, aur Buboes, yané badon par lagáyá játá hai.

*Cataplasma Sinapis*, yané Poultice ráí ká.

*F.*—Muharrik aur lál karnewálá hai; yih Poultice kapre par lagá kar pánw ke talwah par baárzah Typhus bukhár ke lagáyá jáwe, jab ki harkat nabz kí kam hotí jáe, aur jab ki behoshí aur hisyáy wáqa ho, aur níz baárzah Coma, yané bilkul behoshí aur saktah ke, aur dígar áwáriz ki jismen khum dimágh ke taraf bakasrat rujú kare bahut mufid hai.

*Ceratum Calamineæ*, yané marham Calamine ká.

*Fáidah*.—Wáste lagáne khárash aur násúr ke mufid hai, aur ág se jale hue ázá ko bád kam hone Inflammation, yané sozish ke fáidah kartá hai.

*Ceratum Cantharides*, yané marham makkhí Spain ká.

*F.*—Bád lagáne Blister ke yih marham wáste ijráe mawád ke lagáyá játá hai.

*Ceratum Cetacei*, yané Spermaceti ká marham.

*F.*—Wáste Blister ke yih marham thandak karnewálá aur mulayyan karnewálá hai.

*Ceratum Hydrargyrum Compositum*, yané murakkab marham páre ká.

*F.*—Wáste jald tahlíl karne warm kohnah ke mustamíl hai.

*Ceratum Plumbi Acetatis*, yané Cerate Acetate shíshah ká.

*F.*—Thandá marham bích hálaton jaljáne aur khál udharjáne ke mustamíl hai.

*Ceratum Plumbi Compositum*, yané murakkab marham shíshah ká, ki aksar usko marham i Goulard kahte hain.

*F.*—Misl marham mundarjai bála ke tásír kartá hai, aur níz wáste lagáne kinárah palkon ke baárzah kohnah Ophthalmia ke mufid hai.

*Ceratum Resinæ*, yané marham rál kí, jisko aksar Basficona kahte hain.

*Fáidah*.—Wáste rím, nák aur puráne násúr ki umdah iléj hai

*Ceratum Sabinæ*, or Savine Cerate.

*U.*—Applied to keep up the discharge from a blistered surface.

*Ceratum Saponis*, or Soap Cerate.

*U.*—Employed as a cooling dressing.

*Ceratum Telini*, or Cerate of Telini Flies.

*U.*—The same as the Ceratum Cantharides. It is made from the spotted Telini Fly, six drachms of the powdered Fly to six ounces of the Ceratum Cetacei.

*Confectio Amygdalæ*, or Almond Confection.

*U.*—For making the Almond Emulsion; it is Demulcent and Diluent.

*Confectio Aromatica*, or Aromatic Confection.

*U.*—Stimulant and Cordial.

*D.*—Twenty grains to one drachm or more.

*Confectio Aurantii*, or Orange Confection.

*U.*—To assist in making up Stimulating and Carminative Pills.

*Confectio Cassiae*, or Confection of Cassia.

*U.*—A laxative purgative.

*D.*—Two drachms to an ounce.

*Confectio Opii*, or Confection of Opium.

*U.*—Narcotic and Stimulant.

*D.*—Ten grains to thirty.

*Confectio Opii cum Catechu*, or Confection of Opium and Catechu

*U.*—Sedative and Astringent.

*D.*—One scruple to one drachm.

*Confectio Piperis Nigri*, or Confection of Black Pepper.

*U.*—Externally to piles, when there is no inflammation.

*Confectio Roseæ Caninæ*, or Confection of Dog Rose.

*U.*—To assist in making up Powders into Pills.

*Confectio Roseæ Gallicæ*, or Confection of Red Rose.

*U.*—The same as the last article.

*Confectio Rute*, or Confection of Rue.

*Ceratum Sabinæ*, yane marham Savine ká.

*F.*—Wáste ijrác mawád ke Blister ke muqám se yih marham lagáte hain.

*Ceratum Saponis*, yane marham sá bun ká.

*F.*—Yih marham wáste ṭhanḍak ke lagáyá játá hai.

*Ceratum Telini*, yanc marham Telini makkhí ká.

*F.*—Iskí tásír misl tásír Ceratum Cantharides ke hai, aur dághdár Telini makkhí se banáyá játá hai, píse hue chhah drachm aur chhah once marham Cetacei se murakkab hotá hai.

*Confectio Amygdalæ*, yane halwá bádám ká.

*Fáidah*.—Wáste banáne Emulsion bádám ke mustamíl hai, tásír uskí yih hai ki mulayyan aur tar kartá hai.

*Confectio Aromaticæ*, yane khushbúdár halwá.

*F.*—Muharrik aur mufarráh.

*Miqdár*.—Bis grain se ek drachm tak yá ziyádah azín.

*Confectio Aurantii*, yane sangtrah ká halwá.

*F.*—Muharrik aur dáfai riyáh goliyán uske zariyah se banáte haiṇ.

*Confectio Cassiae*, yane halwá taj ká.

*F.*—Mulayyan aur mushil.

*M.*—Do drachm sc ek ounce tak.

*Confectio Opii*, yanc halwá afyún ká.

*F.*—Muskir aur muharrik.

*M.*—Das grain sc tís grain tak.

*Confectio Opii cum Catechu*, yane halwá afyún aur katthe ká.

*F.*—Taskín dihandah aur qábiz.

*M.*—Ek scruple se ek drachm tak.

*Confectio Piperis Nigri*, yane Confection siyáh mirch ká.

*F.*—Dar súrat nahone sozish ke yih dawá úpar bawásír ke lagái játí hai báhar kí taraf.

*Confectio Rosæ Caninæ*, yane Confection Dog Rose ká.

*F.*—Uske zariyah se safúf kí golí banájátí hai.

*Confectio Rosæ Gallicæ*, yane halwá guláb surkh ká.

*F.*—Iskí tásír misl tásír dawác mazkúrah bálá hai.

*Confectio Rutæ*, yane halwá sudáb ká.

*F.*—Enema, yane adwiya pichkári men tásír uskí Antispasmodic yane dáfai tashannuj hai.

*Confectio Scammonii*, or Confection of Scammony.

*U.*—A Stimulating Cathartic.

*D.*—Half a drachm to one ounce.

*Confectio Sennæ*, or Confection of Senna.

*U.*—A laxative Aperient.

*D.*—Two drachms to one ounce.

*Decoctum Aloes Compositum*, or Compound Decoction of Aloes.

*U.*—Mildly Cathartic and Tonic.

*D.*—Four drachms to one ounce.

*Decoctum Amyli*, or Decoction of Starch.

*U.*—A Demulcent. It is also used as a vehicle for administering active medicines in Enemas.

*Decoctum Cetrariae*, or Decoction of Liverwort.

*U.*—Mucilagenous and bitter, given in cases of Debility, Consumption, and in disorders requiring Nutritive Tonics.

*D.*—One ounce to four ounces.

*Decoctum Chimaphilæ*, or Decoction of Winter Green or Pyrola.

*U.*—Diuretic, given in Dropsy and affections of the Urinary Organs.

*D.*—One ounce to one ounce and a half, two or three times a day.

*Decoctum Cinchonæ cordifoliae*, or Decoction of Heart-leaved Cinchona.

*Decoctum Cinchonæ lancifoliae*, or Decoction of Lance-leaved Cinchona.

*Decoctum Cinchonæ oblongifoliae*, or Decoction of Oblong-leaved Cinchona.

*U.*—Febrifuge and Tonic.

*D.*—One ounce to three ounces, two or three times a day.

*Decoctum Cydoniae*, or Decoction of Quince Seeds.

*U.*—Demulcent. Externally it is employed in Erysipelas, and Aphous affections of the mouth.

*Decoctum Dulcamara*, or Decoction of Woody Nightshade.

*U.*—Diuretic and Narcotic, given with some Aromatic.

*Confectio Scammoniae*, yane Saqmúnia ká halwá.

*F.*—Muharrik aur mushil.

*M.*—Nisf drachm se ek ounce tak.

*Confectio Sennæ*, yane Senna ká halwá.

*F.*—Mulayyan aur dastáwar.

*M.*—Do drachm se ek ounce tak.

*Decoctum Aloes Compositum*, yane murakkab joshándah sibr ká.

*F.*—Matdil mushil aur muqawwí medeh.

*M.*—Chahár drachm se ek ounce tak.

*Decoctum Amyli*, yane joshándah Starch, yane nishástah ká.

*F.*—Demulcent, yane tar karnewálá hai. Enema, yane pichkári men zariyah andar jism ke pahuncháne tcz dawá ká hotá hai.

*Decoctum Cetrariae*, yane joshándah Liverwort ká.

*F.*—Mucilagenous, yane luábdár aur talkh hai, dar súrat záf aur baárzahi sil mustamil hotá hai, aur níz aise marzoñ men ki jismen adwiyat muqawwí medeh darkár høn, istamál iská kiyá játá hai.

*M.*—Ek ounce se chahár ounce tak.

*Decoctum Chimaphilæ*, yane joshándah Wintergreen, yá Pyrola ká.

*F.*—Mudir hai, aur baárzah istasqua aur amraz ázái pesháb ke mustamil hotá hai.

*M.*—Ek ounce se deh ounce tak, do yá tín martabah ek din men.

*Decoctum Cinchonæ cordifoliae*, yane joshándah Heart-leaved Cinchona ká.

*Decoctum Cinchonæ lancifoliae*, yane joshándah Lance-leaved Cinchona ká.

*Decoctum Cinchonæ oblongifoliae*, yane joshándah Oblong-leaved Cinchona ká.

*F.*—Dáfai bukhár aur muqawwí medeh.

*M.*—Ek ounce se tín ounce tak, do yá tín martabah ek din men.

*Decoctum Cydoniae*, yane joshándah bihídáná.

*F.*—Demulcent, yane tar karnewálá hai, aur yih dawá báhar jism par darsúrat Erysipelas, aur baárzah chhálon munh ke lagáyá játá hai.

*Decoctum Dulcamara*, yane joshándah Woody Nightshade ká.

*F.*—Mudir aur muskir hai, khushbúyát, yane Aromatic ke sáth mustamil hotá hai.

*D.*—Four drachms to one ounce, three times a day.

*Decoctum Granaati*, or Decoction of Pomegranate.

*U.*—Astringent, given in Chronic Dysentery and Tape Worm.

*D.*—Four drachms to an ounce, two or three times a day.

*Decoction of Gulancha.*

*U.*—A bitter Tonic and Alterative.

*D.*—One ounce, three times a day with honey.

*Decoctum Hordei Compositum*, or Compound Decoction of barley.

*U.*—Demulcent, given in Fevers, Consumption, Gonorrhœa and Strangury, in any quantity.

*Decoction of Ispaghool.*

*U.*—Demulcent, given in Dysentery.

*Decoctum Lichenis Zeylanici*, or Decoction of Ceylon Moss.

*U.*—Mucilagenous and Demulcent, an excellent article of light food for children and convalescents.

*Decoctum Malvae Compositum*, or Compound Decoction of Marshmallow.

*U.*—As a fomentation and in Enemas.

*Decoctum Papaveris*, or Decoction of Poppyheads.

*U.*—A sedative fomentation for painful swellings and excoriations.

*Decoctum Quercus*, or Decoction of Oak Bark.

*U.*—As an astringent, Gargle, Infection, or Lotion.

*Decoction of Rice*, or *Oryzæ*.

*D.*—Demulcent, given in very large quantities, also in Enemas.

*Decoction of Rohun.*

*U.*—A valuable astringent wash for Gargles, Vaginal Injections and Enemas. It is a good substitute for the Decoction of Oak Bark.

*M.*—Chahár drachm se ek ounce tak, tín martabah ek din men.

*Decoctionum Granati*, yané joshándah anár ká.

*F.*—Qábiz, baárzah purání pechish aur peṭ ke kíron ke mustamil hai.

*M.*—Chahár drachm se ek ounce tak, do yá tím martabah ek din men.

*Decoction of Gulancha*, yané joshándah Gulancha ká.

*F.*—Talkh aur muqawwí medeh aur Alterative, yané tartib di-handah hai.

*M.*—Ek ounce, ek din men tím martabah shahad ke sáth istamál karte hain.

*Decoctionum Hordei Compositum*, yané murakkab joshándah jau ká.

*F.*—Demulcent, yané tar karnewálá hai, aur har qism ke bukhár, aur marzi sil aur Gonorrhœa, yané suzák aur taqtír ulbúl ke mustamil hai, kuchh miqdár uskí muaiyan nahín.

*Decoction of Ispaghool*, yané joshándah Ispaghool ká.

*F.*—Mulayyan hai, baárzah Dysentery yané pechish men diyá játā hai.

*Decoctionum Lichenis Zeylenici*, yané joshándah Ceylon Moss ká.

*F.*—Mucilagenous, yané luábdár, Demulcent, yané tar karnewálá hai, wáste larkon ke, aur sihat páncwálon ke bataur khurák latif ke mustamil hotá hai.

*Decoctionum Malvae Compositum*, yané murakkab joshándah Marsh-mallow, yané khatmí ká.

*F.*—Senk aur pichkári men kám átá hai.

*Decoctionum Papaveris*, yané joshándah post ká.

*F.*—Warm taklíf dihandah aur kharásh men, is dawá kí senk bahut áram detí hai.

*Decoctionum Quercus*, yané joshándah chhlál balút ká.

*F.*—Qábiz hai, aur gharárah, aur pichkári, aur Lotion, yané gházah men kam átá hai.

*Decoction of Rice*, yá Oryzæ, yané joshándah cháwal ká.

*F.*—Mulayyan hai, aur bakasrat iská istamál karte hain, aur pichkári men bhí kám átá hai.

*Decoctionum Rohuni*, yané joshándah Rohun ká.

*F.*—Bahut umdah qábiz dawá wáste gharárah, aur Vaginal Injections, yané pichkári rihm aur huqrah kehai. Wáste Decoction chhlál balút ke yih dawá bahtar badal ho saktí hai.

*Decoctum Sarsæ, or Decoction of Sarsaparilla.*

*U.*—Alterative and Demulcent.

*D.*—Four to eight ounces, three or four times a day.

*Decoctum Sarsæ Compositum, or Compound Decoction of Sarsaparilla.*

*U.*—Diaphoretic and Alterative, useful in secondary Syphilis and in Rheumatism.

*D.*—Four to six ounces, three or four times a day.

*Decoctum Scoparii Compositum, or Compound Decoction of Broom.*

*U.*—Diuretic, given in Dropsy.

*D.*—One ounce to one ounce and a half, three times a day.

*Decoctum Senegæ, or Decoction of Senega.*

*U.*—Expectorant, Diuretic, and Diaphoretic, given in affections of the Lungs, and in Chronic Rheumatism.

*D.*—One and a half to three ounces, two or three times a day.

*Decoctum Tormentillæ, or Decoction of Tormentil.*

*U.*—Astringent and Tonic in Diarrhœa.

*D.*—One to one and a half ounce, two or thrce times a day.

*Decoctum Ulmi, or Decoction of Elm Bark.*

*U.*—Diuretic, given in Herpetic Eruptions.

*D.*—Four to six ounces, four times a day.

*Decoctum Uvæ Ursi, or Decoction of Whortleberry.*

*U.*—A good bitter, given in cases of purulent and mucous discharges from the Kidnies and Bladder.

*D.*—One to three ounces, three times a day.

*Decoctum Veratri, or Decoction of White Hellebore.*

*U.*—Employed externally as a Lotion, in Itch, Scaldhead, and other Cutaneous diseases.

*Emplastrum Ammoniacum, Plaster of Ammoniacum.*

*Decoctum Sarsæ*, yané joshándah Sarsaparilla, yané ushbá ká.

*F.*—Alterative, yané sudhárnewálá, aur Demulcent, yané tar karnewálá.

*M.*—Chahár ounce se áth ounce tak, tín chár martabah ek din men.

*Decoctum Sarsæ Compositum*, yané murakkab joshándah ushbá ká.

*F.*—Muárriq aur Alterative, yané tartíb dihandah jism hai, baárzah Syphilis, yané atshaki darjahi doyam ke aur baárzah gaṭhiyá ke mufid hai.

*M.*—Chár ounce se chhah ounce tak, tín yá chár martabah ek din men.

*Decoctum Scoparii Compositum*, yané murakkab joshándah Broom ká.

*F.*—Mudir hai, baárzah istasqá diyá játá hai.

*M.*—Ek ounce se derh ounce tak, ek roz men tín martabah.

*Decoctum Senegæ*, yané joshándah Senega ká.

*F.*—Kaf nikálnewálá, mudir aur muárriq hai, baárzah phephráh aur gaṭhiyá purání ke diyá játá hai.

*M.*—Derh ounce se tín ounce tak, do yá tín martabah ek din men.

*Decoctum Tormentillæ*, yané joshándah Tormentilla ká.

*F.*—Qábiz aur muqawwí medeh baárzah Diarrhœa, yané puráne ishál ke dete haiṇ.

*M.*—Ek ounce se derh ounce tak, do yá tín martabah ek din men.

*Decoctum Ulmi*, yané joshándah chhál daraḳhti Elm ká.

*F.*—Mudir hai, baárzah nikálue phunsiyon ke jism par mustámil hotá hai.

*M.*—Chahár se chhah ounce tak, ek din men chár martabah.

*Decoctum Uvæ Ursi*, yané joshándah Whortleberry ká.

*F.*—Bahut talkh hotá hai, wáste i᜔hráj Purulent, yané mawád rádh luábdár garhah aur masánah ke diyá játá hai.

*M.*—Ek ounce se tín ounce tak, ek din men tín martabah.

*Decoctum Veratri*, yané joshándah sufed kutkí ká.

*F.*—Wáste lagáuc ke jism par baárzah khárish, aur ganj, aur digar awáriz jildi ke bataurí lotion kám átā haí.

*Emplastrum Ammoniacum*, yané lep Ammoniacum ká.

*U.*—Stimulant and discutient, applied to indolent swellings.

*Emplastrum Ammoniaci cum Hydrargyro*, or Plaster of Ammonium and Mercury.

*U.*—Stimulant and discutient, used chiefly for venereal tumours.

*Emplastrum Belladonnae*, or Plaster of Deadly Nightshade and the Plaster of Datura.

*U.*—Anodyne and Antispasmodic; applied near the eye it causes dilatation of the pupil. Applied to the Sacrum, it relieves the pain of Dysmenorrhœa.

*Emplastrum Cantharides*, or Plaster of Spanish Flies.

*U.*—For making Blisters; it should always be spread with the thumb, as the hot iron destroys the virtues of the fly.

*Emplastrum Galbani*, or Galbanum Plaster.

*U.*—Stimulant and discutient.

*Emplastrum Hydrargyri*, or Plaster of Mercury.

*U.*—Alterative and discutient.

*Emplastrum Opii*, or Plaster of Opium.

*U.*—Anodyne.

\* *Emplastrum Picis*, or Plaster of Pitch.

*U.*—Stimulant and Rubefacient.

*Emplastrum Plumbi*, or Plaster of Lead.

*U.*—For making up several of the other kinds of Plasters, also as a common Sticking Plaster for uniting the edges of fresh wounds.

*Emplastrum Resinæ*, or Plaster of Resin.

*U.*—Stimulant and adhesive.

*Emplastrum Saponis*, or Soap Plaster.

*U.*—Discutient.

*Emplastrum Telini*, or Plaster of Telini Flies.

*U.*—The same as the Emplastrum Cantharides.

*Enema Aloes*, or Enema of Aloes.

*U.*—Stimulant, Cathartic; used for dislodging worms from the

*F.*—Muharrik aur muhallil hai, aur warm puráne ko lagáte hain.

*Emplastrum Ammoniaci cum Hydrargyro*, yané lep Ammoniacum aur párah ká.

*F.*—Muharrik aur muhallil hai, aksar baárzah warm garmí ke lagáte hain.

*Emplastrum Belladonnae*, yané lep Deadly Nightshade ká aur lep Datura ká.

*F.*—Khuábáwar aur Antispasmodic, yané dífai tashannuj hai; agar áñkh ke pás lagáyá jáwe to áñkh kí putlí ko bárhátá hai. Agar Sacrum par lagáyá jáwe to dard Dysmenorrhœa ko dafa kartá hei.

*Emplastrum Cantharides*, yané lep makkhí Spain ká.

*F.*—Iská Blister banáte hain; yih dawá hameshe háth ke angu-the se phailkájáwe, isliye li garm lohe se makkhlí kí tásír bigar játí hai.

*Emplastrum Galbam*, yané lep Galbanum ká.

*F.*—Muharrik aur muhallil.

*Emplastrum Hydrargyri*, yané lep párah ká.

*F.*—Alternative, yané sudhárnewálí aur muhallil hai.

*Emplastrum Opii*, yané lep afyún ká.

*F.*—Khuábáwar hai.

*Emplastrum Picis*, yané lep Pitch, yané rál ká.

*F.*—Muharrik aur lálkarnewálá badan ká

*Emplastrum Plumbi* yané lep shíshahí ká.

*F.*—Wáste banáne kaí qism ke lep ke kám átá hai, aur nez wáste miláne kanárah zálhmi tézah ke aksar yih chipaknewálá marham lagáte hain.

*Emplastrum Resinæ*, yané lep rál ká.

*F.*—Muharrik aur chipaknewálá hai.

*Emplastrum Saponis*, yané sábún ká lep.

*F.*—Disentient, yané muhallil.

*Emplastrum Telini*, yané lep Teliní makkhí ká.

*F.*—Iskí tásír misl tásír lep Cantharides, yané Spain kí makkhí ke hai.

*Enema Aloes*, yané pichkári sibr kí.

*F.*—Muharrik aur mushil hai, wáste iጀhráj kirm ke, Rectum

**Rectum, also given in cases of Amenorrhœa.**

***Enema Colocynthidis*, or Enema of Colocynth.**

**U.—Purgative, given in cases of obstinate Constipation and Colic.**

***Enema Opii*, or Opiate Enema.**

**U.—As an Anodyne to irritable bowels.**

***Enema Tabacci*, or Tobacco Enema.**

**U.—A drastic Cathartic, and Narcotic, seldom used except in case of a strangulated bowel.**

***Enema Terebinthinae*, or Enema of Turpentine.**

**U.—A powerful Cathartic and Stimulant, much used in Apoplexy and obstinate constipation.**

***Extractum Abri*, or Extract of Goonch.**

**Use.—A sweet demulcent, given to allay the irritation in coughs.**

***Extractum Aconiti*, or Extract of Aconite.**

**U.—Internally it is occasionally but seldom given in cases of Neuralgia, Tic-doloreux, and Chronic Rheumatism. Externally, one drachm of the Extract and one ounce of Lard made into an ointment, is sometimes used in Tic-doloreux, Sciatica, and other Nervous affections.**

**D.—Half a grain, increased gradually to four grains.**

***Extractum Aloes Purificatum*, or Purified Extract of Aloes.**

**U.—Purgative and Stomachic.**

**D.—Five grains to fifteen.**

***Extractum Anthemidis*, or Extract of Chamomile.**

**U.—Tonic and slightly Narcotic.**

**D.—Five to ten grains, two or three times a day.**

***Extract of Barberry Bark.***

**U.—A valuable Tonic, Aperient and Febrifuge in mild inter-mittent fever.**

**D.—Twenty to thirty grains, three times a day.**

***Extractum Belladonnae*, or Extract of Deadly Nightshade.**

**U.—Chiefly as an external application to the eyebrows to cause dilatation of the pupils of the eye.**

yane miqad se yih pichkári kám átí hai, aur baárzah Amenorrhæa, yane bastgí haiz mustamíl hotí hai.

*Enema Colocynthidis*, yane pichkári hanzal kí.

F.—Mushil hai, baárzah qabz shadí aur qulinj ke dete hain.

*Enema Opii*, yane khuábawar pichkári kí dawá.

F.—Baárzah sozish antaryon ke fáidah baķhshtí hai.

*Enema Tabacci*, yane pichkári tambákú kí.

F.—Yih pichkári bahut kam mustamíl hai, sirf darsúrat Strangulated Bowels, yanc dabí huí antaryon ke kám átí hai, aur shiddat se dastawar hai.

*Enema Terebin hinæ*, yanc pichkári tarpentel kí.

F.—Bahut muqawwí julláh aur muharrik hai, darsúrat saktah aur qabz shadí ke aksar kám átí hai.

*Extractum Abri*, yane Extract Gung ká.

F.—Shírín mulayyan dawá hai, aur tezí kháysí ke kam karne ke liye istamál karte hain.

*Extractum Aconiti*, yane Extract Aconite ká.

F.—Andar jism ke kabhí kabhí sházo nádar baárzah Neuralgia, aur Tic-doloreux, aur purání gaṭhiyá ke pahuñcháte hain. Aur báhar jism ke lagánc ko ek drachm Extract aur ek ounce charbí milákar marham banáte hain, kabhí kabhí baárzah Tic-doloreux, aur Sciatica, aur digar awáriz nasoñ ke istamál karte hain.

M.—Nisf grain se chár grain tak, darje badarje baṛháyá jáwe.

*Extractum Aloes Purificatum*, yane Extract sáf kiye hue sibr ká.

F.—Mushil aur Stomachic, yane házim hai.

M.—Páñch grain se pandrah grain tak.

*Extractum Anthemidis*, yanc gulbábune ká sat.

F.—Muqawwí medeh aur ḫafáfí muskir hai.

M.—Páñch grain se das grain tak, do yá tín martabah ek din men.

*Extractum Barberry Bark* ká.

F.—Umdah dawá muqawwí, medeh, aur mulayyan, aur dáfáj bukhár hai, jabki ḫafáfí bári ká bukhár átā ho to dete hain.

M.—Bís grain se tís grain tak, ek din men tín martabah.

*Extractum Belladonnæ*, yane Extract Deadly Nightshade ká.

F.—Aksar ábrú chashm par lagáte hain, tákí putlí ḥákh kí baṛh

*Extractum Cannabis, or Extract of Hemp.*

*U.*—A powerful Narcotic, given in Cholera, Lockjaw, Delirium Tremens, and in Hydrophobia.

*D.*—Half grain to ten grains, repeated according to the Symptoms.

*Extract of Chiretta, or Extract of Justicia or Kreat.*

*U.*—A valuable bitter Tonic, usually given in Decoction of Sarsaparilla or with iron.

*D.*—Ten to thirty grains, two or three times a day.

*Extractum Cinchonæ cordifoliae, or Extract of Heart-leaved Cinchona.*

*Extractum Cinchonæ lancifoliae, or Extract of Lance-leaved Cinchona.*

*Extractum Cinchonæ oblongifoliae, or Extract of Oblong-leaved Cinchona.*

*U.*—Tonic, Stomachic, and Febrifuge.

*D.*—Ten to thirty grains, two or three times a day.

*Extractum Colchici Aceticum, or Acetic Extract of Meadow Saffron.*

*U.*—Given in Acute Rheumatism and Gout.

*D.*—One to three grains, three times a day.

*Extractum Colchici Cormi, or Extract of Meadow Saffron Cormus.*

*U.*—Given in the earliest stage of Acute Rheumatism.

*D.*—One grain, every four hours.

*Extractum Colocynthidis, or Extract of Colocynth.*

*U.*—Purgative.

*D.*—Five to twenty grains.

*Extractum Colocynthidis Compositum, or Compound Extract of Colocynth.*

*U.*—Purgative and Cathartic.

*D.*—Five to twenty grains.

*Extractum Conii, or Extract of Hemlock.*

*U.*—Internally it is Anodyne, given in Acute Rheumatism and Hooping-cough; externally it is often used, mixed with simple ointment, in case of Piles, Cancer, and Stricture of the Rectum.

*D.*—Five grains every eight hours, until pain in the head comes on.

*Extractum Cannabis*, yanç san ká sat.

*F.*—Bashiddat sun karnewálá hai, aur úrzah haizái wabái aur baiñhne jab aur behoshí, aur káñne kutte ke dete hain.

*M.*—Nisf grain se das grain tak, mutábiq súrat marz ke kái martabab yih dawá maríz ko dete hain.

*Extractum Chiretta*, yanç Extract Justicia, yanç Kreat ká.

*F.*—Umdah talķh dawá muqawwí medehi hai, is dawá ko aksar bajosháñdah ushbá yá lohe ke sáth dete hain.

*M.*—Das grain se tís grain tak, ek din men do yá tín martabah.

*Extractum Cinchonæ cordifoliae*, yanç Extract Heart-leaved Cinchona ká.

*Extractum Cinchonæ lanceifoliae*, yanç Extract Lance-leaved Cinchona ká.

*Extractum Cinchonæ oblongifoliae*, yanç Extract Oblong-leaved Cinchona ká.

*F.*—Muqawwi medeh, aur Stomachic, yanç házim aur dáfa bukhár hai.

*M.*—Das grain se tís grain tak, do yá tín martabah ek din men.

*Extractum Colchici Aceticum*, yanç Acetic Extract zafrán meadow ká.

*F.*—Baúrzaḥ gaṭhiyá shadíd ke ibtidá men yih dawá dete hain.

*M.*—Ek grain se tín grain tak, ek din men tín martabah.

*Extractum Colchici Cormi*, yá Extract Meadow Saffron Cormuská.

*F.*—Awwal hálat shadíd gaṭhiyá ke dete hain.

*M.*—Ek grain, har ek chár ghanté bäd.

*Extractum Colocynthides*, yanç Extract Colocynth ká.

*F.*—Mushil hai.

*M.*—Páñch grain se bíś grain tak.

*Extractum Colocynthidis Compositum*, yanç murakkab Extract of Colocynth ká.

*F.*—Mushil aur dastáwar hai.

*M.*—Páñch grain se bíś grain tak.

*Extractum Conii*, yanç Extract Hemlock ká.

*F.*—Jab ki jism ke andar mustamíl ho yih dawá khuábíwar hai, aur baúrzaḥ gaṭhiyá shadíd aur kúkar khánsí ke istamál karte hain; báhar jism par aksar marham shadhi men milákar bawásir aur sartán aur Stricture Rectum par lagáte hain.

*M.*—Páñch grain, har áthwen ghanté men, jab tak ki sir men dard hone lage.

*Extractum Digitalis*, or Extract of Foxglove.*U.*—Sedative and Diuretic, seldom or ever given.*Extractum Dyosyri*, or Extract of Gab.*U.*—An excellent Astringent, given in Diarrhoea and Chronic Dysentery. A solution of two drachms in a pint of water is a valuable vaginal injection in Lencorrhœa.*D.*—One to five grains, three times a day.*Extractum Elaterii*, or Extract of Elaterium.*U.*—Hydragogue and Cathartic.*D.*—Half grain to two grains, two or three times a day, made into pills.*Extractum Gentianæ*, or Extract of Gentian.*U.*—Tonic and Stomachic.*D.*—Ten to thirty grains, two or three times a day.*Extractum Glycyrrhizæ*, or Extract of Liquorice.*U.*—Given as a demulcent, to allay the irritation of coughs.*Extract of Gulanchæ or Palo.**U.*—A valuable bitter Tonic, generally dissolved in milk and sweetened with sugar.*D.*—One and a half drachm to three drachms.*Extractum Hæmatoxyli*, or Extract of Logwood.*U.*—Astringent; given in protracted Diarrhoea and Dysentery.*D.*—Ten to thirty grains, in any Aromatic water.*Extractum Hyoscyami*, or Extract of Henbane.*U.*—Anodyne, Sedative, and Antispasmodic.*D.*—Five to ten grains, two or three times a day.*Extractum Jalapæ*, or Extract of Jalap.*U.*—An excellent purgative.*D.*—Ten to twenty grains.

*Extractum Digitalis*, yāne Extract Foxglove kā.

*F.*—A'rám dihandah aur mudir hai, yih dawá bahut kam mus-tamil hotí hai.

*Extractum Dyospiry*, yānc Extract Gab kā.

*F.*—Ek umdah dawá qábiz hai, baárzah Diarrhoea, yāne ishál raqíq, aur Chronic Dysentery, yāne purání pechish ke dete hain. Do drachm is dawá ke ghulehúe nisf bottle pání men nihayáh tohfá pichkári kí dawá wáste relm ke bích maraz Leucorrhœa ke hotí hai.

*M.*—Ek grain se pánch grain tak, ek din men tím martabah.

*Extractum Elaterii*, yāne Extract Elaterium kā.

*F.*—Hydragogue, yānc patlá dast lánewálá aur mushil hai.

*M.*—Nisf grain se do grain tak, do yá tím martabah ek din men goliyán banákar kháte hai.

*Extractum Gentianæ*, yāne Extract Gentian kā.

*F.*—Muqawwí aur Stomachic, yāne házim.

*M.*—Das grain se tís grain tak, do yá tím martabah ek din men.

*Extractum Glycyrrhizæ*, yāne Extract Askussús ká.

*F.*—Yih dawá tarkarnewálí hai, wáste kami sozish khánsí ke dete hain.

*Extractum Gulanchæ*, yāne Palo kú sat.

*F.*—Umdah talķh dawá muqawwí medeh hai, aksar dúdh men miláte hain, aur shakkar se shirín karke píté hain. • •

*M.*—Derh drachm se tím drachm tak.

*Extractum Hæmatoxyli*, yāne Extract Logwood kā, yāne Extract Bukhumi kā.

*F.*—Qábiz hai; aur baárzah Diarrhoea, yānc ishál raqíq aur Dysentery, yāne pechish daston ke jo arse se láhaq ho dete hain.

*M.*—Das grain se tís grain tak istamál karte hain khushbúdar pání men.

*Extractum Hyoscyami*, yāne Extract Henbane kā.

*F.*—Muskr, aur dard ko árám denewálá, aur Antispasmodic, yāne dáfa tashannuj hai.

*M.*—Pánch grain se das grain tak, do yá tím martabah ek din men.

*Extractum Jalapæ*, yāne Extract Jalap kā.

*F.*—Nihayat tohfá mushil hai.

*M.*—Das grain se bis grain tak.

*Extract of Japan Wood.*

*U.*—Astringent, given in Chronic Dysenteries, generally mixed either with Quinine, Chiretta or Gentian.

*D.*—Five to ten grains, three times a day.

*Extract of Kalladanna.*

*U.*—A good Cathartic.

*D.*—Five to ten grains.

*Extractum Lactucæ, or Extract of Lettuce.*

*U.*—A mild Opiate and Narcotic.

*D.*—Five to ten grains, two or three times a day.

*Extractum Lupuli, or Extract of Hops.*

*U.*—Sedative, and an excellent bitter Tonic.

*D.*—As a Sedative five to ten grains, as a Tonic two or three grains, three times a day.

*Extract of Nemooka.*

*U.*—An astringent diuretic, dissolved in water.

*D.*—Twenty grains, three times a day.

*Extractum Nux Vomica.*

*U.*—A convulsive Tonic, made into pills with bread crumbs.

*D.*—One-eighth to one-fourth of a grain, three times a day.

*Extractum Opii Purificatum, or Extract of purified Opium.*

*U.*—Sedative.

*D.*—One to five grains.

*Extractum Papaveris, or Extract of Poppy.*

*U.*—Anodyne and Narcotic.

*D.*—Two grains to twenty.

*Extractum Pareiræ, or Extract of Pareira.*

*U.*—Diuretic, given in cases of Catarrh of the bladder, and irritation of the bladder, mixed with any demulcent.

*D.*—Ten to twenty grains.

*Extract of Quassia.*

*U.*—A valuable bitter Tonic.

*Extract Japan Wood ka.*

*F.*—Qábiz hai, jo arse se árizah Dysentery, yané pechish ká láhaq ho to usko aksar Quinine yá Chiretta yá Gentian ke sáth milákar dete hain.

*M.*—Pánch grain se das grain tak, ek din men tíñ martabah.

*Extract Kalladanna.*

*F.*—Ek umdah mushil hai.

*M.*—Pánch grain se das grain tak.

*Extractum Lactucæ, yané Extract káhú ká.*

*F.*—Mulayyam aur khuábáwar aur muskir hai.

*M.*—Pánch grain se das grain tak, do yá tíñ martabah ek din men.

*Extractum Lupuli, yané Extract Hops ká.*

*F.*—Árám dihandah, aur úmdah dawá talkh muqawwí medeh hai.

*M.*—Dard ko árám dene ke wáste pánch grain se das grain tak, aur wáste istámál karne bataur muqawwí ke, do yá tíñ martabah ek din men.

*Extract Nemooka.*

*F.*—Qábiz aur peshábáwar hai, jab ki páni men milákar istámál kí jáwe.

*M.*—Bís grain, ek din men tíñ martabah.

*Extractum Nux Vomica, yané Extract kuchle ká.*

*F.*—Yih dawá maroṛ karnewáli muqawwí medeh hai, roṭí ke gúde ke sáth goliyán uskí banáte hain.

*M.*—Áthweṇ hisse se chauthc hisse ek grain tak, ek din men tíñ martabah.

*Extractum Opii Purificatum, yané Extract sáf kí huí afyún ká.*

*F.*—Árám dihandah dard.

*M.*—Ek grain se pánch grain tak.

*Extractum Papaveris, yané Extract post, yané post ká sat.*

*F.*—Khuábáwar aur muskir hai.

*M.*—Do grain se bís grain tak.

*Extractum Pareiræ, yané Extract Pareira ká.*

*F.*—Mudir hai, baárzah sardí masánah aur sozish masánah, ad-wiyah mulayyan men milákar dete hain.

*M.*—Das grain se bís grain tak.

*Extract Quassiae, yané Extract taj ká.*

*F.*—Talkh dawá, wáste quwwat medeh ke mufid hai.

**D.**—Five to ten grains, three times a day.

*Extractum Rhei*, or Extract of Rhubarb.

**U.**—Purgative, made into pills, or dissolved in any aromatic water.

**D.**—Ten to thirty grains.

*Extractum Sarsœ*, or Extract of Sarsaparilla.

**U.**—Alterative, given in pills, or dissolved in a Decoction.

**D.**—Twenty grains to one drachm, two or three times a day.

*Extractum Scammoniae*.

**U.**—A drastic Cathartic, usually mixed with either Cream of Tartar, Jalap, Aloes, or Ginger.

**D.**—Five to ten grains.

*Extractum Stramonii*, or Extract of Thorn Apple.

**U.**—Narcotic, given in cases of Mania and Asthmatic affections.

**D.**—Three-fourths of a grain to two grains daily.

*Extractum Taraxaci*, or Extract of Dandelion.

**U.**—Aperient and Deobstruent, given in obstructions of the liver, and in diseases of the bladder.

**D.**—Ten grains to one drachm.

*Extractum Uvæ Ursi*, or Extract of Whortleberry.

**U.**—A good bitter, given in purulent and other affections of the Urinary organs.

**D.**—Five to ten grains, two or three times a day.

*Infusum Anthemidis*, or Infusion of Chamomile.

**Use.**—Stomachic in Dyspepsia, also a bitter and Aromatic Tonic, chiefly used to promote the action of Emetics.

**Dose.**—One to two ounces.

*Infusum Armoraciae Compositum*, or Compound infusion of Horseradish.

**U.**—Stimulant in Paralysis.

**D.**—One ounce to one ounce and a half, two or three times a day.

*M.*—Páñch grain se das grain tak, ek din men tín martabah.

*Extractum Rhei*, yane rewand chíní ká sat.

*F.*—Mushil hai, uskí goliyán banákar yá khushbúdar pání men milákar istamál karte hain.

*M.*—Das grain se tís grain tak.

*Extractum Sarsæ*, yane Extract Sarsaparilla, yane ushbá ká sat.

*F.*—Alterative, yane sudhárnewálá jism ká hai, goliyán banákar yá joshándah men hal karke istamál karte hain.

*M.*—Bís grain se ek drachm tak, do yá tín martabah ek din men.

*Extractum Scammoniae*, yane Extract Saqmúnia ká.

*F.*—Tez mushil hai, aur aksar Cream of Tartar, yá Jalap, yá Sibr, yá sonth ke sáth dete hain.

*M.*—Páñch grain se das grain tak.

*Extractum Stramonii*, yane Extract Thorn Apple, yane dhatúrá ká sat.

*F.*—Muskir hai, aur baárzah joonoo aur ziqunnafs ke istamál karte hain.

*M.*—Paw grain se do grain tak har rozah.

*Extractum Taraxaci*, yane Extract Dandelion ká.

*F.*—Mulayyan aur Deobstruent, yane mufattah hai, baárzah rukáo kaleje ke, aur amráz masáne ke istamál karte hain.

*M.*—Das grain se ek drachm tak.

*Extractum Uræ Ursi*, yane Extract Whortleberry ká.

*F.*—Achchhí talkh dawá hai, baárzah purulent aur digar awáriz mutqallaqai azá pesháb ke dete hain.

*M.*—Páñch grain se das grain tak, do yá tín martabah ek din men.

*Infusum Anthemidis*, yane khisándah babúne ká.

*Faidah*.—Baárzah Dyspepsia, yane badhazmí ke mufid hai, aur talkh aur khushbúdar aur muqawwí hai, aksar wáste ziyádah karne asar adwiyah, qaiáwar ke dete hain.

*Miqdár*.—Ek ounce se do ounce tak.

*Infusum Armoraciæ Compositum*, yane murakkab khisándah sohunjine ká.

*F.*—Baárzah fálij muharrik hai.

*M.*—Ek ounce se derh ounce tak, ek din men do yá tín martabah.

*Infusum Aurantii Compositum*, or Compound infusion of Orange peel.

*U.*—Stomachic and Tonic.

*D.*—One ounce to one and a half ounce, two or three times a day.

*Infusion of Ayapana.*

*U.*—Diaphoretic and Tonic.

*D.*—Two to three ounces, three times a day.

*Infusion of Bel.*

*U.*—Slightly bitter and Aromatic.

*D.*—Two to four ounces, three times a day.

*Infusum Calumbæ*, or Infusion of Calumba.

*U.*—Stomachic and Tonic, particularly useful in allaying that sickness which often exists during child-bearing.

*D.*—One and a half ounce to two ounces, two or three times a day.

*Infusum Caryophyli*, or Infusion of Cloves.

*U.*—Stimulant and Stomachic.

*D.*—One to two ounces, two or three times a day.

*Infusum Cascarrillæ*, or Infusion of Cascarrilla.

*U.*—Tonic and Stomachic.

*D.*—One and a half ounce to two ounces, two or three times a day.

*Infusum Catechu Compositum*, or Compound Infusion of Catechu.

*U.*—Astringent in Diarrhœa.

*D.*—One to three ounces, every three hours.

*Infusion of Chiretta.*

*U.*—A Bitter Tonic.

*D.*—One to three ounces, three times a day.

*Infusum Cinchonæ*, or Infusion of Cinchona.

*U.*—Tonic and Febrifuge; useful in Dyspepsia.

*D.*—One to three ounces, three times a day.

*Infusum Crini*, or Infusion of Kanoor.

*U.*—A mild and certain Emetic.

*D.*—Two drachms, every twenty minutes.

*Infusum Aurantii Compositum*, yané murakkab khisándah sangtare ke chhilke ká.

*F.*—Házim aur muqawwí hai.

*M.*—Ek ounce se derh ounce tak, ek din men do yá tín martabah.

*Infusion Ayapana ka.*

*F.*—Muharrik aur muqawwí.

*M.*—Do ounce se tín ounce tak, ek din men tín martabah.

*Infusion Bel ka.*

*F.*—Badarjai khaffí talkh aur khushbúdár.

*M.*—Do ounce se tín ounce tak, ek din men tín martabah.

*Infusum Calumbæ*, yané khisándah Calumbæ ká.

*F.*—Házim aur muqawwí medeh, khasúsan wáste kam karne us árza ke mufíd hai jo baaizam hamal ke láhaq hotá hai.

*M.*—Derh ounce se do ounce tak, do yá tín martabah ek din men.

*Infusum Caryophillæ*, yané khisándah laung ká.

*F.*—Muharrik aur mufíd medeh.

*M.*—Ek ounce se do ounce tak, do yá tín martabah ek din men.

*Infusum Cascarrillæ*, yané khisándah Cascarrilla ká.

*F.*—Mufíd aur muqawwí medeh.

*M.*—Derh ounce se do ounce tak, do yá tín martabah ek din men.

*Infusum Catechu Compositum*, yané murakkab khisándah katthe ká.

*F.*—Baárzah Diarrhœa, yané ishál ke qábiz hai.

*M.*—Ek ouncé se tín ounce tak, har tísre ghanṭe men.

*Infusion Chiretta ká.*

*F.*—Talkh aur muqawwí medch.

*M.*—Ek ounce se tín ounce tak, ek din men tin martabah.

*Infusum Cinchonæ*, yané khisándah Cinchona ká.

*F.*—Muqawwí medeh aur dáfai bukhár hai; baárzah Dyspepsia, yané badhazmf ke mufíd hai.

*M.*—Ek se tín ounce tak, ek din men tín martabah.

*Infusum Crini*, yané khisándah Kanoor ká.

*F.*—Halkí aur mujarrib qaiáwar dawá hai.

*M.*—Do drachm, har bís minute ke bád.

*Infusum Cuspariae*, or Infusion of Cusparia.

*U.*—Tonic, Stimulant and Febrifuge.

*D.*—One and a half ounce to two ounces, three times a day.

*Infusum Digitalis*, or Infusion of Foxglove.

*U.*—Diuretic and powerfully Narcotic, its action must be closely watched, as it is apt to occasion sudden and dangerous collapse.

*D.*—Four drachms to an ounce, twice a day.

*Infusum Diosmæ*, or Infusion of Buchu.

*U.*—Tonic, Diuretic and Sudorific, useful in purulent and catarrhal discharges from the Urinary organs.

*D.*—Two to four ounces, three times a day.

*Infusion of the Ergot of Rye.*

*U.*—As a Parturifacient.

*D.*—Two or three ounces, every half hour, until it has the desired effect.

*Infusum Gentianæ Compositum*, or Compound Infusion of Gentian.

*U.*—Stomachic and Tonic.

*D.*—One and a half ounce to two ounces, threc times a day.

*Infusion of Gulancha.*

*U.*—An excellent Tonic, Alterative, and Diurctic.

*D.*—Two to four ounces, three times a day.

*Infusum Hemidesmus*, or Ununtamool.

*U.*—Alterative and Diuretic, given in cases of Secondary Syphilis and Chronic Rheumatism.

*D.*—Two to four ounces, three times a day.

*Infusum Justiciæ*, or Infusion of Kreat.

*U.*—An excellent bitter Tonic.

*D.*—One to two ounces, three times a day.

*Infusum Krameriae*, or Infusion of Rhatany.

*U.*—Tonic and Astringent.

*D.*—One and a half ounce to two ounces, two or three times a day.

*Infusion of Kurroo.*

*U.*—A bitter Tonic.

*D.*—One to two ounces, three times a day.

*Infusum Cuspariae*, yané ķhisáñdah Cusparia ká.

*F.*—Muqawwí medeh, aur muharrik aur dáfsai bukhár.

*M.*—Derh ounce se do ounce tak, ek din men tím martabah.

*Infusum Digitalis*, yané ķhisáñdah Foxglove ká.

*F.*—Mudir aur bahut muskir hai, is dawá kí tásír par ziyádah tawajjuh aur ķhabargírí karní cháhiye, is wáste ki yih dawá dafa-tan azái rásá ko bilkúl zaíf kardetí hai, aur usse ķhatrá hojátá hai.

*M.*—Chár drachm se ek ounce tak, ek din men do martabah.

*Infusum Diosmæ*, yané ķhisáñdah Buchu ká.

*F.*—Muqawwí, aur mudir aur muarrik hai, bich ráddár i᷍hráj ke azá pesháb se mufid hai.

*M.*—Do ounce se chár ounce tak, ek din men tím martabah.

*Infusion Ergot Rye ka.*

*F.*—Parturifacient, yané jald bachchá ko peṭ se nikálnewále.

*M.*—Do yá tím ounce, har nisf ghanṭe men dete hain, jab tak ki hasbi dil khuáb tásír hojáwe.

*Infusum Gentianæ Compositum*, yané murakkab ķhisáñdah Gentian ká.

*F.*—Mufid aur muqawwí medeh.

*M.*—Derh ounce se do ounce tak, ek din men tím martabah.

*Infusion Gulancha ká.*

*F.*—Bahut ümdah muqawwí dawá, aur Alterative, yané sudhár-newálí aur mudir hai.

*M.*—Do se chár ounce tak, tím martabah ek din men.

*Infusum Hemidesmi*, yané ķhisáñdah Ununtamúl ká.

*F.*—Alterative, yané sudhárnewálá aur mudir hai, baárzah átshak darjei doyam aur purání gathiyá ke istámál karte hain.

*M.*—Do ounce se chár ounce tak, ek din men tím martabah.

*Infusum Justiciae*, yané ķhisáñdah Kreat ká.

*F.*—Ek ümdah talkh dawá muqawwí medeh hai.

*M.*—Ek ounce se do ounce tak, ek din men tím martabah.

*Infusum Kranericæ*, yané ķhisáñdah Rhatany ká.

*F.*—Muqawwí medeh aur qábiz hai.

*M.*—Derh ounce se do ounce tak, ek din men do yá tím martabah.

*Infusion Kurroo*, yané ķhisáñdah Kurroo ká.

*F.*—Dawá muqawwí medeh.

*M.*—Ek ounce se do ounce tak, ek din men tím martabah

*Infusum Lini Compositum*, or Compound Infusion of Linseed.

*U.*—Demulcent, given in Catarrhs and affections of the Urinary organs, to any extent.

*Infusum Lupuli*, or Infusion of Hops.

*U.*—Tonic, Stomachic, and slightly Narcotic.

*D.*—One ounce to one and a half ounce, three times a day.

*Infusion of Neemooka.*

*U.*—Given in affections of the Urinary organs.

*D.*—Two to four ounces, three times a day.

*Infusum Pareiræ*, Infusion of Pareira.

*U.*—Diuretic, given in affections of the Urinary organs.

*D.*—One ounce to one and a half ounce, three times a day.

*Infusion of Pedalium*, or Gokeroo.

*U.*—Mucilagenous and Demulcent.

*Infusum Quassie*, or Infusion of Quassia.

*U.*—A very bitter Tonic and Stomachic.

*D.*—One and a half ounce to two ounces, two or three times a day.

*Infusum Rhei*, or Infusion of Rhubarb.

*U.*—Slightly Aperient, Tonic and Stomachic.

*D.*—One to two ounces, two or three times a day.

*Infusum Rosæ Compositum*, or Compound Infusion of Roses.

*U.*—Astringent and Refrigerant, given in Hæmorrhages.

*D.*—One to two ounces, three times a day.

*Infusum Scoparii*, or Infusion of Broom.

*U.*—Aperient and Diuretic.

*D.*—One to two ounces, three times a day.

*Infusum Sennæ Compositum*, or Compound Infusion of Senna.

*U.*—Purgative, generally combined with Epsom Salts.

*D.*—Two to four ounces.

*Infusum Serpentariae*, or Infusion of Serpentary.

*U.*—Diaphoretic and Tonic.

*D.*—One to two ounces, three times a day.

*Infusum Sidae*, or Infusion of Pata.

*U.*—A bitter Tonic and Astringent.

*D.*—One to two ounces, three times a day.

*Infusum Lini Compositum*, yane murakkab khisándah alsí ká.

F.—Mulayyan hai, aur baárzah sardí aur amrázazái pesháb ke díjátí hai, bilá tāiyun miqdár.

*Infusum Lupuli*, yane khisándalı Hops ká.

F.—Muqawwí, aur müfidi medeh, aur muskir badarjai khafif.

M.—Ek ounce se dērh ounce tak, ek din men tím martabah.

*Infusion Neemooká*, yane khisándah Neemooká ká.

F.—Baamráz azái pesháb dete hain.

M.—Do ounce se chár ounce tak, ek din men tím martabah.

*Infusum Pareiræ*, yane khisándah Pareira ká.

F.—Mudir hai, baamráz azái pesháb diyá játá hai.

M.—Ek ounce se dērh ounce tak, ek din men tím martabah.

*Infusum Pedalium*, yane khisándah Gokeroo ká.

F.—Mucilagenous, yanc loábdar aur mulayyan.

*Infusum Quassiae*, yane khisándah taj ká.

F.—Bahut talkh dawá muqawwí medeh aur müfid medeh hai.

M.—Dērh ounce se do ounce tak, ek din men do yá tím martabah.

*Infusum Rhei*, yane khisándah Rewand Chíní ká.

F.—Mulayyan badarjai khafif, muqawwí aur müfid medeh.

M.—Ek ounce se do ounce tak, ek din men do yá tím martabah.

*Infusum Rosæ Compositum*, yane murakkab khisándah guláb ká.

F.—Qábiz aur dáfai garmí, aur Hœmorrhage, yanc ijrái khún kí hálat men dete hain.

M.—Ek ounce se do ounce tak, ek din men tím martabah.

*Infusum Scoparii*, yane khisándah Broom ká.

F.—Mulayyan aur mudir.

M.—Ek ounce se do ounce tak, ek din men tím martabah.

*Infusum Sennæ Compositum*, yane murakkab khisándah Senna ká.

F.—Mushil hai, aur bashámul Epsom Salts ke istamál karte hain.

M.—Do ounce se chár ounce tak.

*Infusum Serpentariae*, yane khisándah Serpentary ká.

F.—Muarriq aur muqawwí.

M.—Ek ounce se do ounce tak, ek din men tím martabah.

*Infusum Sidæ*, yane khisándah Pata ká.

F.—Talkh dawá muqawwí medeh aur qábiz.

M.—Ek ounce se do ounce tak, ek din men tím martabah.

*Infusum Simarubæ*, or Infusion of Simaruba.

*U.*—Tonic, Astringent and Mucilagenous, given in the last stages of Dysentery.

*D.*—One to two ounces, every three or four hours.

*Infusum of Sohunjuna Compositum.*

*U.*—Stimulant.

*D.*—One to three ounces.

*Infusum Valerianæ*, or Infusion of Valerian.

*U.*—Antispasmodic and Stimulant, given in cases of Hysteria.

*D.*—One and a half ounce to two ounces, every three or four hours.

*Infusum Violet*, or Banopsha.

*U.*—Nauseating and Diaphoretic.

*D.*—Two or three ounces, every half hour.

*Linimentum Aquæ Calcis*, or Limewater Liniment.

*Use.*—Cooling, applied to excoriated surfaces, scalds, and burns.

*Linimentum Æruginis*, or Liniment of Verdigris.

*U.*—Detergent and Escharotic.

*Linimentum Ammoniæ*, or Liniment of Ammonia.

*U.*—Stimulant and Counter-irritant.

*Linimentum Ammoniæ Sesquicarbonatis*, or Liniment of Sesquicarbonate of Ammonia.

*U.*—Stimulant and Counter-irritant, used in cases of inflamed Uvula, Pharynx and Tonsils.

*Linimentum Camphoræ*, or Camphor Liniment.

*Linimentum Camphoræ Compositum*, or Compound Liniment of Camphor.

*U.*—Stimulant and Counter-irritant, used in sprains and bruises, rheumatism and indolent tumours.

*Infusum Simarubæ*, yané khisándah Simaruba ká.

*F.*—Muqawwí medeh, aur qábiz aur mucilagenous, yané luáb-dár hotá hai, akher darjai Dysentery, yané ishál pechish men dete hain.

*M.*—Ek ounce se do ounce tak, harek tísre chauthe ghanṭe men.

*Murakkab khisándah Sohunjuna ka.*

*F.*—Muharrik hai.

*M.*—Ek ounce se tín ounce tak.

*Infusum Velerianæ*, yané khisándah Billilotun ká.

*F.*—Antispasmodic, yané dáfai tashannuj, aur muharrik maraz Hysteria men dete hain.

*M.*—Derh ounce se do ounce tak, har tísre chauthe ghanṭe men.

*Infusum Violet*, yané banafshá ká khisándah.

*F.*—Mutanaffir aur muharrik hai.

*M.*—Do yá tín ounce tak, harek nisf ghanṭe men.

*Linimentum Aquæ Calcis*, yané marham Limewater, yané chúne ke pání ká.

*F.*—Thandá kartá hai, khárash, aur ganj, aur jale húe muqám par lagáte hain.

*Linimentum Eruginis*, yané marham zangár ká.

*F.*—Aláish sáf kartá hai, aur Escharotic, yané zaķhm ko galátá hai.

*Linimentum Ammoniæ*, yané marham naushádar ká.

*F.*—Muharrik aur Counter-irritant, yané dáfai sozish.

*Linimentum Ammoniæ Sesquicarbonatis*, yané marham Sesquicarbonate Ammonia ká.

*F.*—Muharrik aur Counter-irritant, yané dáfai sozish hai, baŕzah Uvula aur Pharynx aur Tonsils ke istamál karte hain, jab ki sozish hotí hai.

*Linimentum Camphoræ*, yané marham kafúr ká.

*Linimentum Camphoræ Compositum*, yané murakkab marham kafúr ká.

*F.*—Muharrik aur Counter-irritant, yané dáfai sozish hai, moch, aur zarab, aur gaṭhiyá aur puráne zaķhm par lagáte hain.

*Linimentum Hydrargyri Compositum*, or Compound Liniment of Mercury.

*U.*—Stimulant and Discutient; one drachm rubbed well into the inside of the thighs and in the armpits, morning and evening, will salivate rapidly.

*Linimentum Opii*, or Liniment of Opium.

*U.*—Sedative; applied to bruises, painful swellings, rheumatism and lumbago.

*Linimentum Saponis*, or Soap Liniment.

*U.*—Stimulant and Sedative.

*Linimentum Simplex*, or Simple Liniment.

*U.*—Cooling and Sedative; it is composed of four parts poppy oil, and one part wax, applied to ulcerated and excoriated surfaces.

*Linimentum Terebinthineæ*, or Turpentine Liniment.

*U.*—A powerful Stimulant.

*Mel Boracis*, or Honey of Borax.

*Use.*—Detergent and cooling, in Aphthous affections of the tongue and fauces.

*Mel Rosæ*, or Honey of Rose.

*U.*—Detergent and Astringent, usually mixed in gargles.

*Oxymel.*

*U.*—Detergent and expectorant, used also in gargles.

*D.*—One to four drachms, three or four times a day.

*Oxymel Scillæ*, or Oxymel of Squills.

*U.*—Expectorant, given in Chronic Coughs and Catarrhal affections; it is Emetic in large doses of one or two ounces.

*Alumen Exsiccatum*, or Dried Alum.

*Use.*—Internally it is a powerful Astringent in Piles, Diarrhoea, and mucous discharges. Externally it is used in Repellent and Astringent Lotions and eye-washes.

*Dose.*—Ten to twenty grains, two or three times a day.

*Linimentum Hydrargyri Compositum*, yane murakkab marham páre ká.

F.—Muharrik aur muhalil hai; agar ek drachm andar kí taraf zánú ke aur baghal men achchí tarah subah o shám malá jáwe to munh jald átá hai.

*Linimentum Opii*, yane marham afyún ká.

F.—Árám baikhsh hai; zarab aur warm taklíf dihandah, aur bái aur dard kamar ke liye lagáte hain.

*Linimentum Saponis*, yane marham sábún ká.

F.—Muharrik aur árám deh.

*Linimentum Simplex*, yane marham sádah.

F.—Thandá kartá hai aur árám detá hai; chahár hisséh roğhan post, aur ek hisséh mom se banáte hain, násúr aur khá rash par lagáyá játá hai.

*Linimentum Terebinthinae*, yane marham tarpantel ká.

F.—Bahut qawwí muharrik hai.

*Mel Boracis*, yane shahad aur suhágá miláyá huá.

F.—Aláish sáf kartá hai aur thandá kartá hai, aur baárzah Apthous, yane chhálon zabán aur Fauces ke istamál karte hain.

*Mel Rosee*, yane shahad aur guláb pání men pakáyá huá.

F.—Aláish sáf kartá hai, aur qábiz hai, aur gharáre men aksar miláte hain.

*Oxymel*, yane sikanjbín sirká ká.

F.—Áláish sáf karnewálá aur dáfai balgham hai, aur gharáre men bhí kám átí hai.

M.—Ek drachm se chár drachm tak, ek din men tím yá chár martabah.

*Oxymel Scillæ*, yane sikanjbín jaṅglí piyáz ká.

F.—Dáfai balgham hai, baárzah kháusí aur zukám derpá ke dete hain; agar bamiqdár ek yá do ounce istamál kíjáwe to qaiáwar hai.

*Alumen Exsiccatum*, yane khasht phiṭkirí.

F.—Jabki andar jism ke pahunche to baárzah bawásír, aur Diarrhoea, yane ishál raqíq aur i᷍hráj reñt̄ ke bahut qábiz dawá hai; aur úpar jism ke lagáne ko qábiz aur Repellent gházah aur ápkh dhone kí dawá banáte hain.

M.—Das grain se bís grain tak, ek din men do yá tím martabah.

*Liquor Aluminis Compositum*, or Compound Solution of Alum.

*U.*—A powerful Styptic and Astringent, applied to old Ulcers, also as an eye-wash.

*Antimonii Oxysulphuretum*, or Oxysulphuret of Antimony.

*U.*—Occasionally, but very seldom, given in cases of Herpetic and other eruptions.

*D.*—One to four grains, twice a day.

*Antimonii Potassio Tartras*, Potassio Tartrate of Antimony, or Tartar Emetic.

*U.*—Sudorific, Emetic, and Purgative, according to the dose. Quarter of a grain as a Sudorific, half grain as a Purgative, and one grain as an Emetic, to be repeated every half hour, until the desired effect ensues. Externally as a Counter-irritant, by mixing one drachm of Tartar Emetic with one ounce of Lard, to be well rubbed into the part, morning and evening.

*Pulvis Antimonii Compositus*, or Compound Powder of Antimony.

*U.*—Diaphoretic, Alterative, Emetic and Purgative.

*D.*—Five to ten grains.

*Argenti Nitrás*, Nitrate of Silver, or Caustic.

*U.*—Internally it is Tonic and Antispasmodic, given in Epilepsy. Externally it is Escharotic.

*D.*—One-eighth of a grain gradually increased to two grains, and made into pills with bread crumbs, two or three times a day.

*Liquor Potassæ Arsenitis*, or Solution of Arsenite of Potash.

*U.*—A powerful Tonic and Febrifuge, given in Intermittent and Remittent Fevers, periodical headaches, and some diseases of the skin.

*D.*—Four to fifteen drops, twice a day.

*Barii Chloridum*, or Chloride of Barium.

*U.*—Chiefly employed to detect and calculate the quantity of Sulphuric Acid, or Sulphates, present in a solution.

*Liquor Aluminis Compositum*, yane murakkab ghulí húi phitkiri.

F.—Badarjai gháyat Styptic, yane khún band karnewálá, aur qábiz hai, aur násúr kohná men lagáte hain, aur wáste dhone áñkhon ke bhí kám áta hai.

*Antimonii Oxysulphuretum*, yane Oxysulphuret surmá ká.

F.—Baárzah Herpetic, aur digar phunsí phore jildí ke istamál karte hain, magar bahut sház.

M.—Ek se chár grain tak, ek din men do martabah.

*Antimonii Potassio Tartras*, yane Potassio Tartrate surmá ká, jisko Tartar Emetic bhí kahte hain.

F.—Muhaarrik, aur qaiáwar, aur mushil, hasbe miqdár dawá ke bamiqdár, nisf grain mushil, aur bamiqdár ek grain qaiáwar, har nisf ghanṭe men istamál kíyá jáwe, jab tak ki hasbe dil khúb tásír uskí ámal men áwe. Báhar lagáne se Counter-irritant, yane dáfai sozish hai, jis maqám par sozish ho, ek drachm Tartar Emetic aur ek ounce charbí men milákar us jágah subah o shám khúb málish kí jáwe.

*Pulvis Antimonii Compositus*, yane murakkab pisá huń surmá.

F.—Muárriq, aur Alterative, yane tartíb denewálá, aur qaiáwar aur mushil.

M.—Páñch grain se das grain tak.

*Argenti Nitrás*, yane Nitrate of Silver, yane Caustic.

F.—Andar jismke quwwat ziyádah kartá hai, aur Antispasmodic, yane dáfai tashannuj hai, baárzah Epilepsy, yane mirgí ke dete hain. Aur báhar jism par lagáyá jáwe to zakhm ko khá játá hai.

M.—Hashtam hisse ek grain se darja badarja do grain tak barháyá jáwe, aur roṭí ke gude men milákar goliyán banáí jáwen, aur do yá tín martabah har roz istamál kiyá jáwe.

*Liquor Potassae Arsenitis*, yane Solution Arsenate Potash ká.

F.—Kamál muqawwí aur dáfai bukhár hai, baárzah bukhár báří aur Remittent bukhár ke, aur báří ke sar dard aur báz amráz jilčí men istamál karte hain.

M.—Chár se pandrah qatre tak, ek din men do martabah.

*Barii Chloridum*, yane Chloride Barium ká.

F.—Yih dawá aksar wáste daryáft hone aur malúm hone miqdár Sulphuric Acid, yane tezáb gandhak ke, yá Sulphate ke, jo kisi dawá ki Solution men ámez ho mustamil hai.

*Bismuth Trisnitrás*, Trisnitrate of Bismuth.

*U.*—Antispasmodic, given in cases of Dyspepsia, which are attended with painful contractions of the Stomach.

*D.*—Five to fifteen grains, three times a day.

*Calamina Preparata*, or Prepared Calamine.

*U.*—Absorbent, used externally in burns and excoriations.

*Liquor Calcis*, or Lime water.

*U.*—Antacid, used in cases of Dyspepsia attended with acidity: Astringent in the last stages of Diarrhoea and Dysentery, also used as an Astringent injection in Leucorrhœa.

*D.*—One to six ounces, given in milk.

*Liquor Calcii Chloridi*, or Solution of Chloride of Calcium.

*U.*—Deobstruent and Tonic, given in cases of Bronchocele and Scrophula.

*D.*—Forty minimis to two drachms, two or three times a day.

*Calx Chlorinata*, or Chlorinated Lime, or Labarracque's Disinfecting Fluid.

*U.*—Disinfectant. When exposed to the air it powerfully corrects the putrid odour, arising either from diseased or decomposing animal matter.

*Creta Preparata*, or Prepared Chalk.

*U.*—Antacid and Absorbent, given in cases of Acidity of the Stomach and in Diarrhoea. Externally it is applied to Ulcers discharging a thin irritating matter.

*Cupri Ammonio Sulphas*, or Ammonio Sulphate of Copper.

*U.*—Tonic and Antispasmodic, given in cases of Chorea or St. Vitus' dance and Epilepsy.

*D.*—Quarter of a grain increased gradually to five grains made into pills with crumb of bread, to be taken two or three times a day.

*Bismuth Trisnitras*, yané Trisnitrate Bismuth ká.

*F.*—Antispasmodic, yané maror rafā karnewálí hai, baárzah Dyspepsia, yané badhazmí ke ki jismen peṭ men maror dard angez hojáwe dete hain.

*M.*—Pánch grain se pandrah grain tak, ek din men tín martabah. *Calamina Preparata*, yané Calamine tyár kiyá huá.

*F.*—Absorbent, yané jázib báhar istamál men átí hai, jab ki jism kisí ká jal jáwe, aur chhil jáwe.

*Liquor Calcis*, yané pání chúnec ká.

*F.*—Antacid, yané dásai turshí hai, baárzah Dyspepsia, yané badhazmí ki jismen turshí ho istamál karte hain, qábiz hai baárzah Diarrhoea, yané ishál, aur Dysentery, yané pechish ke jab jih maraz arse ká hojáwe to is dawá ká istamál karte hain, aur baárzah Leucorrhœa bataur pichkári qábiz kám átí hai.

*M.*—Ek ounce se chhaih ounce tak, dúdh ke sáth istamál karte hain.

*Liquor Calcii Chloridi*, yané Solution Chloride Calcium ká.

*F.*—Deobstruent, yané musattah aur muqawwí hai, baárzah Bronchocle, yané gheghá aur Scrophulà, yané kanthmálá ke dete hain.

*M.*—Chálís minim se do drachm tak, ek din men do yá tím martabah.

*Calx Chlorinata*, yané Chlorinated Lime, ki usko Labarracque's Disinfecting Fluid bhí kahte hain.

*F.*—Disinfectant hai, yané manai sarayat maraz jabki ghol kar hawá men rakhí jáwe to badbú jo kisí mariz yá sare húe medeh haiwání se nikaltí ho, usko sáf aur durust karne men qawwí hai.

*Creta Preparata*, yané banáí húi khariyá.

*F.*—Antacid, yané dásai tásír tezáb aur jázib hai, baárzah turshí medeh aur Diarrhoea, yané daston ke dete hain. Jism ke úpar aise násúr parlagáte hain ki jismen se patlá mawád jaltá huá nikaltá ho.

*Cupri Ammonio Sulphas*, yané Ammonio Sulphate tambe ká.

*F.*—Muqawwí aur Antispasmodic, yané dásai maror hai baárzah Chorea, yané rásha, aur Epilepsy, yané mirgí ke dete hain.

*M.*—Pao grain se pánch grain tak, darje badarje barháte hain, aur roṭí ke gúde men do yá tím martabah ek din men istamál karte hain.

*Liquor Cupri Ammonio Sulphatis*, or Solution of Ammonio Sulphate of Copper.

*U.*—Detergent, and slightly Escharotic, when largely diluted it is employed to remove specks from the cornea of the eye.

*Ferri Sulphas*, or Sulphate of Iron.

*U.*—Tonic, Astringent, Emmenagogue and Anthelmintic; it is given in Chronic Dysentery.

*D.*—One to five grains, made into pills with the Extract of Gentian, and taken two or three times a day.

*Ferri Sesquioxydum*, or Sesquioxyde of Iron.

*U.*—Tonic and Emmenagogue; given in cases of Tic-doloreux and other Nervous affections.

*D.*—In Tic-doloreux, half a drachm to one drachm, two or three times a day; in chorea, one to four drachms, every six hours.

*Tinctura Ferri Sesquichloridi*, or Tincture of Sesquichloride of Iron.

*U.*—Internally it is Tonic in Scrophula, in doses of ten minims to one drachm. In retention of urine, ten minims every ten minutes, until some relief is produced, and as a Styptic in Hæmorrhage from the Bladder, Kidneys, and Womb. Externally it is used as a Styptic in Cancerous and Fungous sores, and Venereal worts.

*Ferri Potassio Tartras*, or Potassio Tartrate of Iron.

*U.*—An excellent Tonic for children, mixed in any Aromatic water or jelly.

*D.*—Ten to thirty grains, two or three times a day.

*Tinctura Ferri Ammonio Chloridum*, or Tincture of Ammonio Chloride of Iron.

*U.*—Tonic, Emmenagogue and Aperient.

*D.*—One to two drachms in water, two or three times a day.

*Liquor Cupri Ammonio Sulphatis*, yane Solution Ammonio Sulphate támbe ká.

*F.*—Khárij kunindai áláish hai, aur badarjai khafí Escharotic, yanc khánewálá murdár gosht ká, jabki bahut patlá kiyá jáwe to ánkh ke karíne se dágħ o nishán rafa kartá hai.

*Ferri Sulphas*, yane Sulphate lohe ká.

*F.*—Muqawwí, aur qábiz, aur Emmenagogue, yane haizáwar aur Anthelmintic, yane dáfai kirm hai; baárzah Chronic Dysentery, yane purání pechish ke dete hain.

*M.*—Bashamúl Extract Gentian ke ek grain se pánch grain tak milákar goliyán banáte hain, aur do yá tín martabah ek din men istamál karte hain.

*Ferri Sesquioxydum*, yane Sesquioxyde lohe ká.

*F.*—Muqawwí aur Emmenagogue, yane haizáwar hai, baárzah Tic-doloreux wa dígar awáriz nason ke istamál karte hain.

*M.*—Baárzah Tic-doloreux, nisf drachm se ek drachm tak, do yá tín martabah ek din men, aur baárzah Chorea, yane ráshe ke, ek se chár drachm tak, bād do do pahar ke.

*Tinctura Ferri Sesquichloridi*, yane Tincture Sesquichloride lohe ká.

*F.*—Andar jism ke pahunche to yih dawá baárzah Scrophula muqawwí hotí hai, das minim se ek drachm tak dete hain, baárzah rukáo pesháb har das minute bād das minim dete hain, jab tak ki maraz ko ifáqa ho, aur baárzah hæmorrhage yane ijrái khún azmasánah wa gurdah wa rihm yih dawá Styptic, yane band karnewálí hai; aur báhar jism ke bataur Styptic zaķhm wo sartán aur Fungous zaķhm aur Venereal Wort par lagáte hain.

*Ferri Potassio Tartras*, yane Potassio Tartrate lohe ká.

*F.*—Wáste laṛkon ke bahut /umdah muqawwí dawá hai, kisí qism ke khushbúdár pání men, ya rub men milákar dete hain.

*M.*—Das grain se tís grain tak, ek din men do yá tín martabah.

*Tinctura Ferri Ammonio Chloridum*, yane Tincture Ammonio Chloride lohe ká.

*F.*—Muqawwí aur Emmenagogue, yanc haizáwar aur mulayyan hai.

*M.*—Ek se do drachm tak, ek din men do yá tín martabah pání men dete hain.

*Ferri Iodidum*, or Iodide of Iron.

*U.*—Emmenagogue and Tonic, used in Scrophula, Secondary Syphilis, enlarged Spleen, and in Amennorrhœa.

*D.*—One to two grains, two or three times a day.

*Hydrargyrum cum Creta*, or Mercury with Chalk, commonly called "Grey Powder."

*U.*—Alterative and Antacid, much used in Chronic Diarrhœa of children.

*D.*—Ten to thirty grains, mixed in jelly.

*Hydrargyri Bichloridum*, or Bichloride of Mercury or Corrosive Sublimate.

*U.*—Alterative, given in cases of Secondary Syphilis and Leprosy.

*D.*—One-eighth to one-fourth of a grain, two or three times a day.

*Liquor Hydrargyri Bichloridi*, or Solution of the Bichloride of Mercury.

*U.*—The same as the above, given in Linseed Tea or some mucilaginous Fluid.

*D.*—Half a drachm to two drachms, two or three times a day.

*Hydrargyri Chloridum*, or Chloride of Mercury, or Calomel.

*U.*—Purgative, Alterative, Antisyphilitic; a valuable remedy in affections of the Liver, Dropsies, Continued Fever, and Acute Rheumatism. It should never be given in Spleen, Scurvy, or Scrophula.

*D.*—Five to ten grains, as a Purgative, twenty grains as a Sedative in Cholera and Acute Dysentery, one or two grains, two or three times a day, in Syphilis to produce Salivation.

*Hydrargyrum Ammonio Chloridum*, or Ammonio Chloride of Mercury, or White Precipitate.

*U.*—Externally as an Alterative in form of an ointment, in cutaneous diseases. One drachm to one ounce of Lard.

*Ferri Iodidum*, yane Iodide lohe ká.

*F.*—Emmenagogue, yane haizáwar, aur muqawwí hai, baárzah Scrophula, yane kanthmálá, aur darjai doyam kí átshak ke aur bařhí húí tillí ke, aur Amennorrhœa, yane bastgí haiz ke dete hain.

*M.*—Ek grain se do grain tak, ek din men do yá tín martabah.

*Hydrargyrum cum Creta*, yane párá aur khariyá ki jisko aksar Grey Powder kahte hain.

*F.*—Alterative, yane durust kunandai jism aur mubtil tásír tezáb baárzah Chronic Diarrhœa, yane puráne daston ke jo larkon ko láhaq ho dete hain.

*M.*—Das se tís grain tak, jelly men milákar dete hain.

*Hydrargyri Bichloridum*, yane Bichloride páre ká, jisko Corrosive Sublimate, yane ruskapúr kahte hain.

*F.*—Alterative, yane sudhárnewálá hai, baárzah átshak darjai doyam ke, aur baárzah juzám ke dete hain.

*M.*—Athwéen hisse ek grain chaháram grain tak, ek din men do yá tín martabah.

*Liquor Hydrargyri Bichloridi*, yane Solution Bichloride páre ká.

*F.*—Iskí tásír misl tásír dawái mazkúrai bálá hai, aur Linseed Tea, yane chá alsí yá digar luábdár saiyl ke sáth dete hain.

*M.*—Nisf drachm se do drachm tak, ek din men do yá tín martabah.

*Hydrargyri Chloridum*, yanc Chloride páre ká, jisko Calomel yanc kushtai párú kabte hain.

*F.*—Mushil aur Alterative, yanc badan sudhárnewálá, aur Antisyphilitic, yane dáfai átshak, bawástai amráz kalejá aur istisqá aur tap dawám aur hai shadíd ke bahut umdah dawá hai, baárzah tihál aur Scurvy, yane khá rash aur Scrophula, yane kanthmálá ke istamál is dawá ká aslan na kiyá júwe.

*M.*—Pánch grain se das grain tak mushil hai, bíz grain baárzah haiza aur Dysentery, yane daston shadíd ke áram dihandah hai, ek yá do grain do yá tín martabah ek din men baárzah átshak wáste Salivation, yanc múnh lánc ke dete hain.

*Hydrargyrum Ammonio Chloridum*, yane Ammonio Chloride páre ká ki jisko White Precipitate, yane sufaid páre ká kahte hain.

*F.*—Jism par lagáne ko bashakli marham, yih dawá Alterative, yane sudhárnewálí aur baawáriz jildí kám átí hai, yih dawá baqadar ek drachm ke ek ounce charbí men milákar lagáte hain.

*Hydrargyri Oxydum*, Oxyde of Mercury, or black Oxyde of Mercury.

*U.*—Alterative, made into Pills, but very seldom given.

*D.*—One to three grains, twice a day.

*Hydrargyri Binoxidum*, or Binoxide of Mercury or Red Precipitate.

*U.*—Alterative, but seldom given internally; externally it is employed as a Caustic and Escharotic.

*D.*—One grain, twice a day, with half grain of Opium in each dose.

*Hydrargyri Nitrico Oxydum*, or Nitric Oxyde of Mercury.

*U.*—Employed externally only as an Escharotic.

\*  
*Hydrargyri Bicyanidum*, or Bicyanide of Mercury.

*U.*—In making the preparation of Prussic Acid.

*Hydrargyri Iodidum*, or Iodide of Mercury.

*U.*—Alterative, given in Scrophulous and Syphilitic affections; it is also employed in form of an ointment in similar diseases.

*D.*—Half a grain to three grains, daily.

*Hydrargyri Biniodidum*, or Biniodide of Mercury.

*U.*—Alterative, given in Scrophula and Syphilis.

*D.*—Half grain to one grain, daily.

*Hydrargyri Bisulphuretum*, or Bisulphuret of Mercury.

*U.*—It is only employed for Fumigations, by placing half a drachm of it on a piece of red hot iron.

*Hydrargyri Sulphuretum cum Sulphure*, or Sulphuret of Mercury with Sulphur.

*U.*—Alterative, seldom or ever given.

*D.*—Five to thirty grains daily.

*Magnesia Calcinatus*, or Calcined Magnesia.

*U.*—Antacid and Aperient.

*D.*—Five grains to one

*Hydrargyri Oxydum*, yane Oxyde páre ká, ki jiské surkh Oxyde páre ká kahte hain.

F.—Alternative, yane sudhárnewálí galiván banáte hain, magar bahut sház istamál ki játi hain.

M.—Ek grain se tén grain tak, ek din men do martabah.

*Hydrargyri Binoxydum*, yane Binoxide páre ká, jisko surkh Precipitate kahte hain.

F.—Alternative, yane sudhárnewálí hai, andar jism ke bahut kam mustamíl hoti hai; jism ke úpar bataur Caustic, yane tezáb, aur Escharotic, yane khánewálí murdár goشت kí lagáte hain.

M.—Ek grain, do martabah ek din men, har miqdár men nisf grain afyún ká milákar dete hain.

*Hydrargyri Nitrico Oxydum*, yane Nitric Oxyde páre ká.

F.—Sírf báhar jism par lagáte hain, tásir uskí Escharotic, yane khánewálí murdár goشت kí hai.

*Hydrargyri Bicyanidum*, yane Bicyanide páre ká.

F.—Yih dawá wáste banáne Prussic Acid ke kám átí hai.

*Hydrargyri Iodidum*, yane Iodide páre ká.

F.—Alternative, yane sudhárnewálí hai, baárzah Scrophula, yane kanthmálá ke aur átshak ke dete hain; aur is qism ke amráz men bataur marham bhí lagáte hain.

M.—Nisf grain se tén grain tak, har roz.

*Hydrargyri Biniodidum*, yane Biniodide páre ká.

F.—Alternative, yane sudhárnewálí hai, baárzah Scrophula, yane kanthmálá aur Syphilis, yane átshak ke dete hain.

M.—Nisf grain se ek grain tak, har roz.

*Hydrargyri Bisulphuretum*, yane Bisulphuret páre ká, yane shingarf.

M.—Nisf drachm lál garm kiye hue lohe men rakh kar dhúni dete hain.

*Hydrargyri Sulpharetum cum Sulphure*, yane Sulphurate páre ká sáth gandhak ke.

F.—Alternative, yane sudhárnewálí hai, yih dawá bahut sház umus-tamíl hai.

M.—Pách grain se tén grain tak, har roz.

*Magnesia Calcina*, yane Calcined Magnesia.

F.—Antacid, yane mukh, hár, tezáb aur mulayyan hain.

*Magnesia Carbonas*, or Carbonate of Magnesia.

*U.*—Antacid, Purgative, and Lithontriptic.

*D.*—One scruple to one drachm, two or three times a day.

*Magnesia Sulphas*, Sulphate of Magnesia, or Epsom Salts.

*U.*—Purgative; this Medicine should never be given when Cholera is prevalent, as it is apt to occasion profuse and exhausting evacuations, thus bringing on that disease.

*D.*—Four drachms to one ounce.

*Plumbi Acetas*, Acetate of Lead, or Sugar of Lead.

*U.*—A valuable Astringent both for Internal and External use, in Diarrhoea and Dysentery in doses of two or three grains, two or three times a day, also in Pulmonary and Intestinal Haemorrhages. Externally as an injection in Gonorrhœa, and as an eye-wash in Ophthalmia.

*Liquor Plumbi Diacetatis*, Solution of Diacetate of Lead, or “Goulard Lotion.”

*U.*—Astringent, used externally in superficial and phlegmonic inflammations of the skin.

*Plumbi Chloridum*, or Chloride of Lead.

*U.*—Employed in the preparation of the Muriate of Morphia.

*Plumbi Iodidum*, or Iodide of Lead.

*U.*—Alterative, given in cases of Indolent swellings, painful Seropulous Tumours, and Ulcerations; also made into an ointment, and used for the same diseases.

*D.*—Quarter to half a grain made into pills with bread crumbs, and taken two or three times a day.

*Plumbi Oxydum Hydratum*, or Hydrated Oxyde of Lead.

*U.*—For preparing the Disulphate of Quinine.

*Potasse Carbonas*, or Carbonate of Potash.

*U.*—Antacid and Diuretic, given in Milk or Mucilage.

*D.*—Ten to thirty grains.

*Magnesia Carbonas*, yane Carbonate Magnesia ká.

*F.*—Antacid, yane mubtil tásír tezáb aur mushil aur Lithontrip-  
tic, yane sangmasáne ko galátí hai.

*M.*—Ek scruple se ek drachm tak, do yá tín martabah ek din  
men.

*Magnesia Sulphas*, yane Sulphate Magnesia, ki jisko Epsom Salts  
kahte hain.

*F.*—Mushil hai, jabki haizá ghálib ho, to us waqt istamál is dawá  
ká hargiz na kiyá jáwc, isliye ki usse badarjai gháyat istafrágh hotá  
hai, ki medeh is qadar khálí ho játá hai aur haizá láhaq ho játá hai.

*M.*—Chár drachm se ek ounce tak.

*Plumbi Acetas*, yane Acetate shishah ká, ki jisko Sugar of Lead  
kahte hain.

*F.*—Wáste istamál karne andar yá báhar jism ke, yih dawá bahut  
umdh qábiz hai, baárzah Diarrhea, yane ishál raqíq, aur Dysentery,  
yane pechish ke, bamiqdár do yá tín grain ek din men, do yá tín  
martabah; baárzah Hæmorrhage, yanc khún nikálne ke phepre se  
aur antaryon sc istamál karte hain. Báhar jism ke bataur pichkári  
bamaraz suzák ke, aur wáste dhone únkh ke baárzah Ophthalmia ke  
men lagáte hain.

*Liquor Plumbi Diacetatis*, yane Diacetate shishah ká, jisko Goulard  
Lotion kahte hain.

*F.*—Qábiz hai, baárzah jildí aur balghami sozish post ke úpar  
jism ke lagáte hain.

*Plumbi Chloridum*, yane Chloride shishah ká.

*F.*—Muriate of Morphia kí tarkib men kám átá hai.

*Plumbi Iodidum*, yane Iodide shishah ká.

*F.*—Alterative, yane durust kunindai jism hai, baárzah waram  
derpá ke aur kanthmálá ki jismen taklíf hotí ho, aur násúr ke ista-  
mál karte hain, aur inhíp amráz men bataur marham lagáte hain.

*M.*—Chaháram se nisf grain tak rotí ke gúdc ke sáth golí baná  
kar, do yá tín martabah ek din men dete hain.

*Plumbi Qxydum Hydratum*, yane Hydrated Oxyde shishah ká.

*F.*—Wáste banáne Disulphate Quininc ke kám átá hai.

*Potassæ Carbonas*, yane Carbonate Potash ká.

*F.*—Antacid, yane bátil kunandai tásír tezáb aur mudir hai,  
dúdh yá luáb ke sáth dete hain.

*M.*—Das se tís grain tak.

*Liquor Potasse Carbonatis*, or Solution of the Carbonate of Potash.*U.*—As above.*D.*—Ten minimis to a drachm, two or three times a day.*Potasse Bicarbonas*, or Bicarbonate of Potash.*U.*—The same as the above.*D.*—Ten to thirty grains.*Liquor Potasse Effervescens*, or Effervescent Solution of Potash.*U.*—The same as the above.*D.*—Four to eight ounces.*Liquor Potasse*, or Solution of Potash.*U.*—Antacid, Diuretic, Alterative and Lithontriptic, useful in some cutaneous diseases of the skin as Leprosy, Psoriasis, &c. It may be given in Milk, Broth, or good Beer.*D.*—Ten minimis to half a drachm, two or three times a day.*Potasse Hydras*, or Hydrate of Potash.*U.*—Externally only as an Escharotic.*Potasse cum Calce*, or Potash with Lime.*U.*—The same as the above. Both these articles must be kept in well stoppered bottles, as they are very deliquescent.*Potasse Acetas*, or Acetate of Potash.*U.*—Diuretic in doses of one scruple to a drachm, and Cathartic in doses of two to three drachms.*Potasse Sulphas*, or Sulphate of Potash.*U.*—Seldom or ever given by itself, but chiefly used in preparing Dover's Powder.*D.*—Ten grains to four drachms.*Potasse Bisulphas*, or Bisulphate of Potash.*U.*—Given with other purgatives, especially Rhubarb.*D.*—Ten grains to one drachm.*Potasse Tartras*, or Tartrate of Potash.*U.*—A mild Purgative.*D.*—One drachm to an ounce in solution.

*Liquor Potassæ Carbonatis*, yane Solution Carbonate Potash ká.

*F.*—Tásir iskí misl tásir dawá mazkúrai bálá hai.

*M.*—Das minim se ek drachm tak, do yá tín martabah ek din men.

*Potassæ Bicarbonas*, yane Bicarbonate Potash ká.

*F.*—Tásir iskí misl tásir dawá mazkúrai bálá hai.

*M.*—Das grain se tís grain tak.

*Liquor Potassæ Effervescens*, yane Effervescent Solution Potash ká.

*F.*—Tásir iskí misl tásir dawá mazkúrai bálá hai.

*M.*—Chár ounce se áth ounce tak.

*Liquor Potassæ*, yane Solution Potash ká.

*F.*—Antacid, yane muftili tásir tezáb, aur mudir, Alterative, yane sudhárnewálí aur Lithontriptic, yane gudázindai sangmasáná hai, baamráz jildi jaise juzám aur Psoriasis waghairá ke istamál karte hain, aur dúdh, yá shorbe, yá achhhí sharáb Beer ke sáth píte hain.

*M.*—Das minim se nisf drachm tak, ek din men do yá tín martabah.

*Potassæ Hydras*, yane Hydrate Potash ká.

*F.*—Bahár jism ke wáste paidá karne tásir Escharotic, yane galáne ke lagáte hain.

*Potassæ cum Calce*, yane Potash milá huá chúne ká.

*F.*—Tásir iskí misl tásir dawá mazkúrai bálá hai. Yih do dawáen achhhí tarah se mun̄ band kí huí botal men rakkhí jáwen, isliye ki yih donon chízen deliquescent hotí hain, yane hawá se pighal jati hain.

*Potassæ Acetas*, yane Acetate Potash ká.

*F.*—Mudir hai bích miqdár ek scruple se ek drachm tak, aur mushil hai bích miqdár do yá tín drachm tak.

*Potassæ Sulphas*, yane Sulphate Potash ká.

*F.*—Kabhí kabhí yih díjatí hai eklá, magar beshtar istamál men átí hai bích taiyár karne Dover's Powder ke.

*M.*—Das grain se chár drachm tak.

*Potassæ Bisulphas*, yane Bisulphate Potash ká.

*F.*—Yih díjatí hai bashamúl sur mushilon ke, khusúsán rewand chíní.

*M.*—Das grain se ek drachm tak.

*Potassæ Tartras*, yane Tartrate Potash ká.

*F.*—Muláim mushil hai.

*M.*—Ek drachm se ek ounce tak Solution banáte hain.

*Potassi Bromidum*, or Bromide of Potassium.

*U.*—Given in cases of Enlarged Spleen.

*D.*—Three to ten grains, two or three times a day.

*Potassi Iodidum*, or Iodide of Potassium.

*U.*—Alternative, given in Scrophula, Chronic Rheumatism and Secondary Syphilis, in infusion of Ununtamool, or Sarsaparilla.

*D.*—Three to ten grains, three times a day.

*Potassi Sulphuretum*, or Sulphuret of Potassium.

*U.*—Internally it is seldom given; externally it is employed in several cutaneous diseases, especially in Itch in children.

*Soda Carbonas*, or Carbonate of Soda.

*U.*—Antacid and Diuretic.

*D.*—Ten to thirty grains, two or three times a day.

*Soda Carbonas Exsiccata*, or Dried Carbonate of Soda.

*U.*—The same as the above.

*D.*—Five to fifteen grains, two or three times a day.

*Soda Sesquicarbonas*, or Sesquicarbonate of Soda.

*U.*—The same as above, it is also employed in making Effervescent Powders with Tartaric Acid.

*D.*—Ten to thirty grains.

*Soda Sulphas*, or Sulphate of Soda.

*U.*—Purgative.

*D.*—Four drachms to two ounces.

*Soda Potassio Tartras*, or Potassio Tartrate of Soda.

*U.*—Purgative.

*D.*—Two drachms to one ounce.

*Liquor Soda Chlorinata*, or Solution of the Chlorinated Soda, or "Labarraque's Disinfecting Fluid."

*U.*—It is employed for fumigating rooms, and destroying the smell of decaying animal matter. It is also used in bleaching cloth.

*Soda Murias*, Muriate of Soda, or Common Salt.

*U.*—A table spoonful dissolved in water, acts as a speedy Emetic.

*Potassii Bromidum*, yane Bromide Potassium ká.

*F.*—Yih díjátí hai jwārm tihál men.

*M.*—Tín grain se das grain tak, do yá tín martabah ek din men.

*Potassii Iodidum*, yane Iodide Potassium ká.

*F.*—Álterative, yane sudhárnewálí díjátí hai, baamráz kanth-málá derpá gathyá kure, átshak kohná hamráh khisándah Ununtamool, yá Sarsaparilla, yane Ushba ke.

*M.*—Tín grain se das grain tak, tín martabah ek din men.

*Potassii Sulphuretum*, yane Sulphuret Potassium ká.

*F.*—Kabhí kabhí baistamál andarúní kám átí hai, báhari istamál men átí hai bich mukhtalif bímáriyon jildí ke, makhsús bich khárish laṛkon ke.

*Sodæ Carbonas*, yane Carbonate Soda ká.

*F.*—Antacid aur Diuretic, yane mudir hai.

*M.*—Das grain se tís grain tak, do yá tín martabah ek din men.

*Sodæ Carbonas Ersiccata*, yane khushk Carbonate Soda ká.

*F.*—Tásír iskí misl tásír dawá mazkúrai bálá hai.

*M.*—Pánch grain se pánđrah grain tak, do yá tín martabah ek din men.

*Sodæ Sesquicarbonas*, yane Sesquicarbonate Soda ká.

*F.*—Tásír iskí misl tásír dawá mazkúrai bálá hai, yih bich taiyár karne safúf bulbulé uthánnewálí adwiya ke kám men átí hai, baistamál Tartaric Acid.

*M.*—Das grain se tís grain tak.

*Sodæ Sulphas*, yane Sulphate Soda ká.

*F.*—Mushil.

*M.*—Chár drachm se do ounce tak.

*Sodæ Potassio Tartras*, yane Potassio Tartrate Soda ká.

*F.*—Mushil.

*M.*—Do drachm se ek ounce tak.

*Liquor Sodæ Chlorinatæ*, yane Solution Chlorinated Soda ká, yá “Labarraque's Disinfecting Fluid.”

*F.*—Yih bich dhúní dene kamron makánát, aur dáfai karne afúnat maddah haiwáne ke. Bich sufed karne kapron ke bhí istamál hotí hai.

*Sodæ Murias*, yane Muriate Soda ká, yá mashhúr namak.

*F.*—Ek chámmach mes ká jo pání men galáwe, to fauran iskí tásír se qai hotí hai.

*Zinci Sulphas*, or Sulphate of Zinc.

*U.*—Internally it is Tonic and Astringent, given in Dysentery, dose one to four grains, three times a day, made into Pills. As an Emetic, dose from ten to thirty grains. Externally it is used in lotions, and ointment as an Astringent.

*Zinci Oxydum*, or Oxide of Zinc.

*U.*—Tonic made into Pills.

*D.*—One to six grains, twice a day.

*Mistura Aracie*, or Mixture of Gum Arabic.

*U.*—Mucilagenous, may be taken in any quantity.

*Mistura Ammoniaci*, or Mixture of Ammoniacum.

*U.*—Expectorant, given in Chronic Coughs, combined with Tincture of Squills.

*D.*—Four drachms to one ounce, three or four times a day.

*Mistura Amygdalæ*, or Almond Mixture.

*U.*—Demulcent and Diluent, may be taken in any quantity.

*Mistura Assafætidæ*, or Mixture of Assafætida.

*U.*—Antispasmodic, given in Hysterics, and in convulsion of children arising from dentition. It is also given in Enemas for Worms.

*D.*—Four drachms to one ounce.

*Mistura Camphore*, or Camphor Mixture.

*U.*—Stimulant, given in the Collapse of Fever and Cholera, Syncope, and many other diseases of debility.

*D.*—One to two ounces, every two or three hours.

*Mistura Cascarilla Composita*, or Compound Mixture of Cascarilla.

*U.*—Stimulant and Expectorant.

*D.*—One to one ounce and a half, twice a day.

*Zinci Sulphas*, yane Sulphate Zinc ká.

*F.*—Baistamál anderáni muqawwí aur qábizhai, Dysentery, yane pechish mey bamiqdár ek grain se chár grain tak, tín martabah ek din mey, golion mey istamál hotí hai. Jab ki das grain se tis grain tak díjstí hai, to muqai hai. Báhari istamál iská Lotions aur marham mey hotá hai jaisá ki Astringent.

*Zinci Oxydum*, yane Oxide Zinc ká.

*F.*—Muqawwí, iskí golián bantí haiṇ.

*M.*—Ek grain se chár grain tak, do martabah ek din mey.

*Mistura Acacie*, yane Mixture Samugh Urubí ká.

*Fáidah*.—Mucilagenous, yane luábdár diyá játá hai baqadar hájat.

*Mistura Ammoniaci*, yane Mixture Ammoniacum ká.

*F.*—Expectorant, yane dáfai balgham diyá játá hai khápsí purární mey, jismen miláyá játá hai Tincture Squills ká.

*M.*—Chár drachm se ek ounce tak, tín yá chár martabah ek din men.

*Mistura Amygdalæ*, yane Mixture bádám ká.

*F.*—Demulcent, yane tar karnewálí, aur Diluent, yane ratiq dí játí hai baqadár hájat.

*Mistura Assafetidae*, yane Mixture híng ká.

*F.*—Antispasmodic, yane dáfai tashannuj, baárzah Hysterics ke diyá játá hai, aur bích bímári ainqh mārō larkon kí men, jab ki dánt unke nikalte haiṇ. Yih bích pichkári kíron ke bhí díjatí hai.

*M.*—Chár drachm se ek ounce tak.

*Mistura Camphoræ*, yane Mixture káfúr ká.

*F.*—Stimulant, yane mufarrir bahálat behoshí, tap, haizá, gasht, aur bahut bímárión kamzorí ke istamál hotá hai.

*M.*—Ek ounce se do ounce tak, harek do yá tín ghante ke bád.

*Mistura Cascarilla Composita*, yane murakkab mixture Cascarilla ká.

*F.*—Stimulant, yane mufarrir aur Expectorant, yane dáfai balgham.

*M.*—Ek ounce se deṛh ounce tak, do martabah ek din mey.

*Cresote Mixture.*

*U.*—A powerful Diuretic, given to stop Vomiting in cases of irritation of the stomach, unaccompanied with Inflammation, especially in that sickness arising from hard drinking. Externally it is employed as a wash to indolent Ulcers, and Scald Heads.

*D.*—Four drachms to an ounce, every two or three hours.

*Mistura Crete, or Chalk Mixture.*

*U.*—Antacid and Slightly Stimulant. Given in Diarrhoea, mixed with Opium, Cathechu or any other Astringent.

*D.*—One to two ounces, every three or four hours.

*Mistura Ferri Composita, or Compound Mixture of Iron.*

*U.*—Astringent, Stimulant and Tonic, given in Hysteria, Chlorosis, and Amenorrhoea.

*D.*—One to two ounces, two or three times a day.

*Mistura Gentianæ Composita, or Compound Mixture of Gentian.*

*U.*—Aperient and Tonic.

*D.*—One to two ounces.

*Mistura Guiaci, or Mixture of Guiacum.*

*U.*—Stimulant and Diaphoretic.

*D.*—Four drachms to two ounces, two or three times a day.

*Mistura Magnesiae, or Mixture of Magnesia.*

*U.*—Aperient.

*D.*—One to two ounces.

*Mixture of Mecca Balsam.*

*U.*—Stimulant and Tonic.

*D.*—Four drachms to an ounce, two or three times a day.

*Mistura Moschi, or Mixture of Musk.*

*U.*—Stimulant and Antispasmodic, given in low Typhus Fever and Delirium Tremens.

*D.*—One to two ounces, two or three times a day.

*Creasote Mixture.*

F.—Mudir qawí hai, wáste band karne qai bahálat, sozish medeh ke dí játi hai, jab ki Inflammation midá men na howe, aur khusúsan yih qai ká ána bahut píne sharáb ke ee hotá hai. Bahar istamál iská misl Lotion Indolent Ulcers, aur Scald Heads ke hotá hai.

M.—Chár drachm se ek ounce tak, har ek do yá tín ghanṭe ke bad.

*Mistura Cretæ, yane Mixture khariyá ká.*

F.—Antacid aur halká mufarrir. Baárzah Diarrhoea, yane ishál afím, kath, yá koí qábiz dawá ko miláke díjátí hai.

M.—Ek ounce se do ounce tak, har ek tín yá chár ghanṭe ke bad.

*Mistura Ferri Composita, yane murakkab Mixture lohe ká.*

F.—Astringent, yane qábiz, Stimulant, yane mufarrir, aur Tonic, yane muqawwí, baárzah Hysteria, Chlorosis, aur Amenorrhoea men díjátí hai.

M.—Ek ounce se do ounce tak, do yá tín martabah ek din men.

*Mistura Gentianæ Composita, yane murakkab Mixture Gentian ká.*

F.—Aperient, yane mulayyan mushil, aur Tonic, yane muqawwí.

M.—Ek ounce se do ounce tak.

*Mistura Guiaci, yane Mixture Guiacum ká.*

F.—Stimulant, yane mufarrir, aur Diaphoretic, yane muarriq.

M.—Chár drachm se do ounce tak, do yá tín martabah ek din men.

*Mistura Magnesiae, yane Mixture Magnesia ká.*

F.—Aperient, yane mulayyan mushil.

M.—Ek ounce se do ounce tak.

*Mixture of Mecca Balsam.*

F.—Stimulant, yane mufarrir, aur Tonic, yane muqawwí.

M.—Chár drachm se ek ounce tak, do yá tín martabah ek din men.

*Mistura Moschi, yane mixture mushk ká.*

F.—Stimulant, yane mufarrir, aur Antispasmodic, yane dáfai tashannuj, bahálat behoshí Typhus Fever sur Delirium Tremens ke dí játi hai.

M.—Ek ounce se do ounce tak, do yá tín martabah ek din men.

*Mistura Scammonie*, or Scammony Mixture.

*U.*.—A drastic Purgative.

*D.*.—One to three ounces.

*Mistura Spiritus Vini Gallici*, or Mixture of Spirit of French Wine.

*U.*.—Stimulant and Restorative, given in the last stage of Fever.

*D.*.—Four drachms to an ounce and a half, occasionally.

*Mistura Tragacanthæ*, or Tragacanth Mixture.

*U.*.—Mucilagenous, may be taken in any quantity. It is chiefly employed in making Lozenges.

*Oleum Anisi*, or Oil of Anisced.

*Oleum Anthemidis*, or Oil of Chamomile.

*Oleum Carui*, or Oil of Caraway.

*Oleum Juniperi*, or Oil of Juniper.

*Oleum Lavandulae*, or Oil of Lavender.

*Oleum Menthae Piperitæ*, or Oil of Peppermint.

*Oleum Menthae Pulegii*, or Oil of Pennyroyal.

*Oleum Menthae Viridis*, or Oil of Spearmint.

*Oleum Origani*, or Oil of Marjoram.

*Oleum Pimentæ*, or Oil of Pimenta.

*Oleum Rosmarini*, or Oil of Rosemary.

*Oleum Sambuci*, or Oil of Elder flowers.

*Oleum Succini*, or Oil of Amber.

*Use.*.—Stimulant and Carminative.

*Dose.*.—Two or three drops, dissolved in Spirits of Wine.

*Oil of Bergamot.*

*U.*.—Chiefly as a perfume.

*Oil of Copalæ.*

*U.*.—Diuretic, given chiefly in Gonorrhœa.

*D.*.—Ten to fifteen minima, two or three times a day, mixed in any Mucilagenous fluid.

*Mistura Scammoniae*, yané Mixture Saqmúniyá ká.

*F.*—Drastic Purgatiye, yané mushil téz.

*M.*—Ek ounce se tím ounce tak.

*Mistura Spiritus Vini Gallici*, yané Mixture Spirit Fransísh sharáb ká.

*F.*—Stimulant, yané mufarrir aur muqawwi, ákhir hálat tap ke dí játi hai.

*M.*—Chár drachm se dêrhounce tak, kabhí kabhí.

*Mistura Tragacanthæ*, yané Mixture Tragacanth ká.

*F.*—Mucilagenous, yané luábdár diyá játá hai, baqadar haját. Yih beshtar bîch taiyár karne louzyát ke istamál hotá hai.

*Oleum Anisi*, yané roghani bádyán.

*Oleum Anthemidis*, yané roghan i bábúna.

*Oleum Carui*, yané roghan i zíra.

*Oleum Juniperi*, yané roghan i Juniper.

*Oleum Lavandulæ*, yané roghan i Lavender.

*Oleum Menthae Piperitæ*, yané roghan i Peppermint.

*Oleum Menthae Pulegii*, yané roghan i Pennyroyal.

*Oleum Menthae Viridis*, yané roghan i Spearmint.

*Oleum Origani*, yané roghan i Marjoram.

*Oleum Pimentæ*, yané roghan i Pimenta.

*Oleum Rosmarini*, yané roghan i Rosemary.

*Oleum Sambuci*, yané roghan i gul i Elder.

*Oleum Succini*, yané roghan i kahrúba.

*Fáidah*.—Muharriq aur Carminative, yané dâfai bái.

*Miqdár*.—Do yá tím qatre, Spirit of Wine mey milákar istamál karte haiy.

*Roghan i Bergamot*.

*F.*—Aksar bataur khushbú ke kám átá hai.

*Roghan i Copeiba*.

*F.*—Mudir hai, aksar baárzah suzák ke dete haiy.

*M.*—Das minim se pandrah minim tak, do yá tím martabah ek din mey, kisi Mucilagenous, yané luábdár saiyál ke sáth istamál karte haiy.

*Gurjun Oil.*

*U.*.—An excellent substitute for the Balsam Copaiba in cases of Gonorrhœa.

*D.*.—Ten to fifteen minims, two or three times a day.

*Oleum Terebinthinae*, or Purified Oil of Turpentine.

*U.*.—A powerful Purgative in doses of one ounce. Diuretic in doses of one drachm. Anthelmintic for the tape worm in doses of four drachms, with the same quantity of Castor Oil. Externally, it is Stimulant.

*Pilula Aloes Composita*, or Compound Pill of Aloes.

*Use.*.—Purgative, Tonic, and Stomachic, given in cases of habitual costiveness.

*Dose.*.—Ten to twenty grains.

*Pilula Aloes cum Myrrha*, or Pill of Aloes with Myrrh.

*U.*.—Stimulant and Aperient.

*D.*.—Ten to twenty grains.

*Pilula Conii Composita*, or Compound Pills of Hemlock.

*U.*.—Antispasmodic, Diaphoretic and Sedative.

*D.*.—Five to ten grains, two or three times a day.

*Pilula Ferri Composita*, or Compound Pills of Iron.

*U.*.—Tonic and Stimulant.

*D.*.—Ten to thirty grains.

*Pilula Galbani Composita*, or Compound Pills of Galbanum.

*U.*.—Antispasmodic, Stimulant and Emmenagogue.

*D.*.—Ten to twenty grains.

*Pilula Gambogia Composita*, or Compound Gamboge Pills. \*

*U.*.—Cathartic.

*D.*.—Ten to twenty grains.

*Pilula Hydriargyri*, Pill of Mercury, or Blue Pill.

*U.*.—Alterative in doses of four to six grains, and Purgative in doses of ten to twenty grains.

*Roghan i Gurjun.*

*F.*—Bajai roghan Balsam Copaiba ke baárzahi surák, yihí roghan umdah áwaz tajwíz huá hai.

*M.*—Das se pandrah minim tak, do yá tín martabah ek din men.

*Oleum Terebinthinæ*, yané roghan i Turpentine, yané khális tel gande biroze ká.

*F.*—Qawí mushil hai jo bamiqdár ek ounce diyá jáwe; aur mudir hai jo bamiqdárek drachm diyá jáwe; aur Anthelmentic, yané mánnewálá kenchwon ká hai baárzahi kirm, bamiqdár chahár drachm roghani arandí ke sáth istamál diyá jáwe. Báhar jism par jo lagáyá jáwe, to muharriq hai.

*Pilulae Aloes Composita*, yané murakkab golí sibr kí.

*Fáidah*.—Mushil aur muqawwí medeh hai, aur házim baárzahi qabzadí ke dete hain.

*Miqdár*.—Das grain se bíz grain tak.

*Pilulae Aloes cum Myrrhā*, yané golí sibr mai murr ke.

*F.*—Muharriq aur mulayyan hai.

*M.*—Das se bíz grain tak.

*Pilulae Conii Composita*, yané murakkab golf Hemlock kí.

*F.*—Antispasmodic, yané dásfai maror, aur muharriq, aur musakin hai.

*M.*—Pánch se das grain tak, do yá tín martabah ek din men.

*Pilulae Ferri Composita*, yané murakkab golí lohe kí.

*F.*—Muqawwí aur muharriq hai.

*M.*—Das se tís grain tak.

*Pilulae Galbani Composita*, yané murakkab golí Galbanum kí.

*F.*—Antispasmodic, yané dásfai maror, aur muharriq, Emmenagogue, yané haizáwar hai.

*M.*—Das se bíz grain tak.

*Pilulae Gamhogia Composita*, yané murakkab golí shirai rewand kí.

*F.*—Mushil hai.

*M.*—Das se bíz grain tak.

*Pilulae Hydrargyri*, yané golí páre kí, jisko Blue Pill kahte hain.

*F.*—Alterative, yané suhdárnewálí chahár se chhah grain tak, aur mushil hai das se bíz grain tak.

*Pilula Hydrargyri Chloridi Composita*, or Compound Pills of Chloride of Mercury, or Plummer's Pill.

*U.*—Alterative, given in Cutaneous Diseases, and Secondary Syphilis.

*D.*—Five to ten grains.

*Pilula Hydrargyri Iodidi*, or Pills of Iodide of Mercury.

*U.*—Alterative, given in Scrophula.

*D.*—Three to ten grains.

*Pilula Ipecacuanha Composita*, or Compound Pills of Ipecacuanha.

*U.*—Sudorific and Narcotic.

*D.*—Five grains, three times a day, or ten grains, at bedtime.

*Pilula Kaladanna*, or Kaladanna Pills.

*U.*—An excellant Cathartic.

*D.*—Ten to twenty grains.

*Pilula Opii cum Acetate Plumbi*, or Pills of Opium and Acetate of Lead.

*U.*—Anodyne and Astringent, given in Incipient Cholera, and in Acute, and Chronic Dysentery.

*D.*—Five to ten grains.

*Pilula Rhei Composita*, or Compound Pills of Rhubarb.

*U.*—Laxative.

*D.*—Ten to thirty grains.

*Pilula Sagapeni Composita*, or Compound Pills of Sagapenum.

*U.*—Antibilious and Laxative, given in Colic, caused by Sedentary occupations.

*D.*—Five to ten grains.

*Pilula Saponis Composita*, or Compound Pills of Soap.

*U.*—Narcotic.

*D.*—Three to ten grains.

*Pilula Scille Composita*, or Compound Pills of Squill.

*U.*—Expectorant and Diuretic.

*D.*—Ten to twenty grains.

*Pilulæ Hydrargyri Chloridi Composita*, yane murakkab goliyán Chloride páre kí, jisko Plummer's Pill kahte hain.

*F.*—Alterative, yane sudhárnewálí hai baamráz jildí aur átshak darjai doyam ke dete hain.

*M.*—Páñch se das grain tak.

*Pilulæ Hydrargyri Iodidi*, yane golí Iodide páre kí.

*F.*—Alterative, yane sudhárnewálí hai, baárzahi Scrophula, yane kanthmálá ke dete hain.

*M.*—Tín se das grain tak.

*Pilulæ Ipecacuanhae Composita*, yane murakkab golí Ipecacuanha kí.

*F.*—Muharriq aur sun karnewálí hai.

*M.*—Páñch grain, ek din menín martabah, yá das grain sote waqt.

*Pilulæ Kaladanne*, yane golí Kaladanna kí.

*F.*—Umdah mushil hai.

*M.*—Das se bís grain tak.

*Pilulæ Opii cum Acetate Plumhi*, yane golí afyún aur Acetate shíshah kí.

*F.*—Musakkin aur qábiz hai, baárzahi Incipient Cholera, yane ibtidá haize ke, aur Acute, yane shadíl, aur Chronic, yane derpá árzái Dysentery, yane pechish ke dete hain.

*M.*—Páñch grain se das grain tak.

*Pilulæ Rhei Composita*, yane murakkab golí rewand chíní kí.

*F.*—Mulayyan hai.

*M.*—Das se tís grain tak.

*Pilulæ Sagapeni Composita*, yane murakkab golí Sagapenum kí.

*F.*—Antibilious, yáue dásai pit aur mulayyan aur dastáwar hai, baárzahi qúling ke, jo basabab aise peshe yá kám ke láhaq ho jismen baithná partá ho, iskí golí istámál karte hain.

*M.*—Páñch se das grain tak.

*Pilulæ Saponis Composita*, yane murakkab golí sábun kí.

*F.*—Muskir hai.

*M.*—Tín se das grain tak.

*Pilulæ Scillæ Composita*, yane murakkab golí Squill kí.

*F.*—Expectorant, yane dásai balgham aur mudir hai.

*M.*—Das se bís grain tak.

*Pilulae Styracis Composita*, or Compound Pills of Storax.

*U*.—Balsamic, and slightly Expectorant, given in Chronic affections of the Lungs.

*D.*.—Three to ten grains.

*Pulvis Aloes Compositus*, or Compound Powder of Aloes.

*Use*.—Cathartic and Sudorific.

*Dose*.—Ten to twenty grains.

*Pulvis Cinnamomi Compositus*, or Compound Powder of Cinnamon

*U*.—Stimulant and Aromatic, generally given in some Aromatic Water.

*D.*.—Five to ten grains.

*Pulvis Cretæ Compositus*, or Compound Powder of Chalk.

*U*.—Astringent and Antacid.

*D.*.—Five to thirty grains

*Pulvis Cretæ Compositus cum Opio*, or Compound Powder of Chalk with Opium.

*U*.—Astringent, Antacid, and Anodyne

*D.*.—Five to thirty grains.

*Pulvis Ipecacuanhae Compositus*, or Compound Powder of Ipecacuanha, or Dover's Powder.

*U*.—Sudorific and Anodyne, given in cases of Rheumatism and Dysentery.

*D.*.—Five to twenty grains

*Pulvis Jalapæ Compositus*, or Compound Powder of Jalap.

*U*.—Purgative.

*D.*.—Twenty to forty grains.

*Pulvis Kino Compositus*, or Compound Powder of Kino.

*U*.—Aromatic, Astringent, and Sedative.

*D.*.—Five to twenty grains.

*Kuchila*, or Mulung Powder.

*U*.—A powerful convulsive Tonic, producing the same effects Strichnine and Brucine preparations.

*D.*.—One grain, gradually increased

*Pilulæ Styracis Composita*, yané murakkab golí Storax, yané salajit kí.

*F.*—Balsamic, yané ifáqa dihandah, aur dásfai balgham hai, badar-jai khaíf aur baárzahi kohnah bímári phepré ke dete hain.

*M.*—Tín se das grain tak.

*Pulvis Aloes Compositus*, yané murakkab safúf sibr ká.

*Fóidah*.—Mushil aur muharrik hai.

*Miqdár*.—Das se bís grain tak.

*Pulvis Cinnamomi Compositus*, yané murakkab safúf dárchíní ká.

*F.*—Muharrik aur khushbúdár hotá hai, aksar khushbúdár páni men istámál iská karte hain.

*M.*—Páñch se das grain tak.

*Pulvis Cretæ Compositus*, yané murakkab safúf khariyá ká.

*F.*—Qábiz aur Antacid, yané dásfai tásír tezíb hai.

*M.*—Páñch se bís grain tak.

*Pulvis Cretæ Compositus cum Opio*, yané murakkab safúf khariyá aur asfyún ká.

*F.*—Qábiz, aur Antacid, yané muhtil tásír tezíb, aur musakkin hai.

*M.*—Páñch se tís grain tak.

*Pulvis Ipæcuanhae Compositus*, yané murakkab safúf Ipæcuanha ká, jisko Dover's Powder kahte hain.

*F.*—Muharrik aur musakkin hai, baárzah Dysentery, yané pe-chish aur gaثhiyá ke dete hain.

*M.*—Páñch se bís grain tak.

*Pulvis Jalapæ Compositus*, yané murakkab safúf Jalap ká.

*F.*—Mushil hai.

*M.*—Bíz se chálís grain tak.

*Pulvis Kino Compositus*, yané murakkab safúf Kino ká.

*F.*—Khushbúdár, aur qábiz, aur áram dihandah hai.

*M.*—Páñch se bís grain tak.

*Kuchila*, yané safúf Mulung ká.

*F.*—Qawwí aur ainthnewálá safúf hai, uskí tásír misl tásír dawái Strychnine aur Brucine ke hai.

*M.*—Ek grain se darja badarja barháte hain.

*Karanjura Powder.**U.*—Tonic and Febrifuge.*D.*—Six to twenty grains, three times a day.*Compound Powder of Mudar.**U.*—An excellant substitute for Ipecacuanha, only given double the quantity of the Mudar for the Ipecacuanha.*Pulvis Rhei Compositus*, or Compound Rhubarb Powder, or Gregory's Powder.*U.*—Antacid and Aperient, much given to children.*D.*—Five grains to one drachm.*Pulvis Saheba*, or Worm Seed Powder.*U.*—Vermifuge, given to children.*D.*—Three to ten grains.*Pulvis Scammonii Compositus*, or Compound Powder of Scammony.*U.*—Purgative.*D.*—Five to twenty grains.*Pulvis Tragacanthæ Compositus*, or Compound Powder of Tragacanth.*U.*—Demulcent, given in colds, Diarrhœa and Dysentery.*D.*—Ten grains to one drachm.*Syrupus Althæa*, or Syrup of Marshmallow.*Use.*—Demulcent and Mucilagenous.*Dose.*—One to four drachms.*Syrupus Aurantii*, or Syrup of Orange peel.*U.*—Aromatic and Stomachic.*D.*—One to four drachms.*Syrupus Crini*, or Syrup of Kanoor.*U.*—Nauseating and Emetic for Children, repeated as often required, every half hour.*D.*—Two to four drachms.*Syrupus Croci*, or Syrup of Meadow Saffron.*U.*—Chiefly for colouring Medicines.

*Safúf Karanjwá.*

*F.*—Muqawwí aur dásfai bukhár hai.

*M.*—Chhah se bíś grain tak, ek din men tím martabah.

*Murakkab safúf Mudár ká.*

*F.*—Yih dawá bajái Ipecacuanha ke umatdah awaz tajwíz huá hai, magar banisbat miqdár Ipecacuanha ke dugní díjatí hai.

*Pulvis Rhei Compositus*, yane murakkab safúf rewand chíní ká, jisko Gregory ká Powder kahte hain.

*F.*—Antacid, yane dásfai tásír tezáb aur mulayyan hai, aksar laṛkon ko dete hain.

*M.*—Páñch grain se ek drachm tak.

*Pulvis Saheba*, yane safúf tukhm kíroñ ká.

*F.*—Vermifuge, yane dásfai kirm hai, laṛkon ko dete hain.

*M.*—Tím se das grain tak.

*Pulvis Scammonii Compositus*, yane murakkab safúf Saqmúnia ká.

*F.*—Mushil hai.

*M.*—Páñch se bíś grain tak.

*Pulvis Tragacanthæ Compositus*, yane murakkab safúf Tragacanth, yane katíre ká.

*F.*—Mulayyan hai, baamráz sardí aur Diarrhœa, yane ishál rāqíq, aur Dysentery, yane pechish ke dete hain.

*M.*—Das grain se ek drachm tak.

*Syrupus Althæa*, yane shírah Marshmallow ká.

*Fáidah*.—Tar karnewálá, aur Mucilagenous, yane luábdár hai.

*Miqdár*.—Ek se chár drachm tak.

*Syrupus Aurantii*, yane shírah post rangtare ká.

*F.*—Khushbídár aur mufid medeh hai.

*M.*—Ek se chár drachm tak.

*Syrupus Crini*, yane shírah kánúr ká.

*F.*—Nafrat paidá kunandah aur qaiawar hai, laṛkon ko dete hain, baqadar zarúrat jai martabah cháhiye wai martabah diyá jáwe, bág adh adh ghanṭe ke.

*M.*—Do se chár drachm tak.

*Syrupus Croci*, yane shírah zafrán Meadow ká.

*F.*—Aksar wáste rang dene adwiyat ke mustamil hai.

*Syrupus Limonum*, or Syrup of Lemons.

*U.*—A pleasant Acid Syrup, given in effervescent draughts.

*D.*—One to four drachms.

*Syrupus Mori*, or Syrup of Mulberries.

*U.*—A red Syrup, chiefly for colouring Medicines.

*Syrupus Papaveris*, or Syrup of Poppy Heads.

*U.*—Anodyne and Narcotic, chiefly given to children.

*D.*—One to four drachms.

*Syrupus Rhamni*, or Syrup of Buckthorn.

*U.*—Cathartic, very seldom given.

*D.*—Four drachms to one ounce.

*Syrupus Rhæados*, or Syrup of Red Poppy.

*U.*—Chiefly for colouring Medicines.

*Syrupus Rosæ*, or Syrup of Rose.

*U.*—Slightly Purgative, chiefly given to babies.

*D.*—Two drachms to one ounce.

*Syrupus Sarzæ*, or Syrup of Sarsaparilla.

*U.*—Alterative and Diuretic, chiefly employed in the Decoction and Infusion of Sarsaparilla.

*D.*—Four drachms to one ounce.

*Syrupus Scillæ*, or Syrup of Squills.

*U.*—Nauseating for children, given in Hooping Cough.

*D.*—One drachm occasionally.

*Syrupus Sennæ*, or Syrup of Senna.

*U.*—Purgative, given to children.

*D.*—Two to four drachms.

*Syrupus Tolutani*, or Syrup of Tolu.

*U.*—To give a pleasant flavour to Medicines.

*D.*—One to four drachms.

*Syrupus Ununtamool*, or Syrup of Hemidesmus, and Syrup of China root or chob chinee.

*U.*—The same as the Syrup of Sarsaparilla.

*Syrupus Zingiberis*, or Syrup of Ginger.

*U.*—Stimulant and Aromatic.

*D.*—Two drachms to one ounce.

*Syrupus Limonum*, yané shírah Limon ká.

*F.*—Tursh áur záiqadár hotá hai, Effervescent tabridat men milá-kar dete hain.

*M.*—Ek se chár drachm tak.

*Syrupus Mori*, yané shírahi shahtút.

*F.*—Yih shírah surkh rang hotá hai, aksar adwyát ke rang dene men kám átá hai.

*Syrupus Papaveris*, yané shírah post ká.

*F.*—Musakkin aur muskir hai, aksar larkon ko dete hain.

*M.*—Ek se chár drachm tak.

*Syrupus Rhamni*, yané shírahi Buckthorn.

*F.*—Mushil hai, bahut kam istamál iská karte hain.

*M.*—Chár drachm se ek ounce tak.

*Syrupus Rhædos*, yané shírah post surkh ká.

*F.*—Aksar wáste rang dene adwyát ke kám átá hai.

*Syrupus Rosæ*, yané shírah guláb ká.

*F.*—Badarjai khásif dastáwar hai, aksar bachchon ko dete hain.

*M.*—Do drachm se ek ounce tak.

*Syrupus Sarsæ*, yané shírah ushbá ká.

*F.*—Alterative, yané sudhárnewálá aur mudir hai, aksar joshándah aur khisáydah ushbá men dálá játa hai.

*M.*—Chár drachm se ek ounce tak.

*Syrupus Scilla*, yané shírahi Squill.

*F.*—Nafrat paidá kunaudah hai, larkon ko baárzahi kúkar khápsí ke dete hain.

*M.*—Ek drachm kabhlí kabhlí.

*Syrupus Sennæ*, yané shírah Senna ká.

*F.*—Mushil hai, larkon ko dete hain.

*M.*—Do se chár drachm tak.

*Syrupus Tolutani*, yané shírah Tolu ká.

*F.*—Wáste záiqadár karne adwyát ke kám átá hai.

*M.*—Ek se chár drachm tak.

*Syrupus Ununtamool*, yané shírah Hemidesmus ká, aur shírah chob chíní ká.

*F.*—Tásír inkí misl tásír shírah ushbá ke hai.

*Syrupus Zingiberis*, yané shírah adrak ká.

*F.*—Muharrik aur khushbúdár hotá hai.

*M.*—Do drachm se ek ounce tak.

*Spiritus Ammoniae*, or Spirit of Ammonia.

*Use*.—A powerful external Stimulant.

*Spiritus Ammoniae Aromaticus*, or Aromatic Spirit of Ammonia.

*U*.—A powerful stimulant, given in water, in flatulent Colic and Languors.

*Dose*.—Half a drachm to one drachm.

*Spiritus Ammoniae Fætidus*, or Fætid Spirit of Ammonia.

*U*.—Stimulant and Antispasmodic, given generally to children in water.

*D*.—Half a drachm to one drachm.

*Spiritus Anisi*, or Spirit of Aniseed.

*U*.—Stimulant and Carminative, given in flatulent Colic, mixed in water.

*D*.—Two to four drachms.

*Spiritus Armoraciae Compositus*, or Compound Spirit of Horseradish.

*U*.—Stimulant, given in water.

*D*.—Two to four drachms.

*Spiritus Carui*, or Spirit of Caraway.

*U*.—Carminative and Stimulant.

*D*.—Two to four drachms.

*Spiritus Cinnamomi*, or Spirit of Cinnamon.

*U*.—Stomachic and Stimulant.

*D*.—Two to four drachms.

*Spiritus Juniperi Compositus*, or Compound Spirit of Juniper.

*U*.—Stimulant and Diuretic, given in water, or combined with other Diuretics. t

*D*.—Two to four drachms.

*Spiritus Lavendulae*, or Spirit of Lavender.

*U*.—In preparing the Compound Camphor Liniment, and the Compound Tincture of Lavender.

*Spiritus Menthae Piperitæ*, or Spirit of Peppermint.

*U*.—Stimulant and Carminative, given in water for flatulence, spasms, &c.

*D*.—Two to four drachms.

*Spiritus Ammoniae*, yané Spirit noushádar ká.

*Fáidah*.—Báhar jism par lagáne ke bahut qawí muharrik dawá hai.

*Spiritus Ammoniae Aromaticus*, yané khushbúdár Spirit naushádar ká.

*F.*.—Qawí muharrik dawá hai, baárzahi qúling bádí aur naqáhat ke pání men̄ dete hain̄.

*Miqdar*.—Nisf drachm se ek drachm tak.

*Spiritus Ammoniae Fætidus*, yané Fætid Spirit noushádar ká.

*F.*.—Muharrik aur Antispasmodic, yané dásfai tashannuj hai, aksar pání men̄ milákar larkon̄ ko dete hain̄.

*M.*.—Nisf drachm se ek drachm tak.

*Spiritus Anisi*, yané Spirit sauf ká.

*F.*.—Muharrik aur Carminative, yané dásfai báí hai, baárzahi qúling bádí ke pání men̄ milákar dete hain̄.

*M.*.—Do se chár drachm tak.

*Spiritus Armoraciæ Compositus*, yané murakkab Spirit Sohunjana kí jaṛ ká.

*F.*.—Muharrik hai, pání men̄ milákar dete hain̄.

*M.*.—Do se chár drachm tak.

*Spiritus Carui*, yané Spirit Zire ká.

*F.*.—Carminative, yané dásfai báí aur muharrik hai.

*M.*.—Do se chár drachm tak.

*Spiritus Cinnamomi*, yané Spirit dárchíní ká.

*F.*.—Mufíd medeh aur muharrik hai.

*M.*.—Do se chár drachm tak.

*Spiritus Juniperi Compositus*, yané murakkab Spirit Juniper, yané saro-kohí ká.

*F.*.—Muharrik aur mudir hai, pání men̄ yá dígar mûdir dawá ke sáth istamál karte hain̄.

*M.*.—Do se chár drachm tak.

*Spiritus Lavendulae*, yané Spirit Lavender ká.

*F.*.—Murakkab marham kafir aur murakkab Tincture Lavender ke banáne men̄ kám átá hai.

*Spiritus Menthae Piperitæ*, yané Spirit Peppermint ká.

*F.*.—Muharrik aur Carminative, yané dásfai báí hai, wáste maraz bádí aur chabak waghairah ke pání men̄ dete hain̄.

*M.*.—Do se chár drachm tak.

*Spiritus Menthae Pulegii*, or Spirit of Pennyroyal.

*U.* and *D.*—The same as above.

*Spiritus Menthae Viridis*, or Spirit of Spearmint.

*U.* and *D.*—The same as the Peppermint.

*Spiritus Myristiceæ*, or Spirit of Nutmeg.

*U.* and *D.*—The same as the above.

*Spiritus Pimentæ*, or Spirit of Pimenta.

*U.* and *D.*—As the above.

*Spiritus Rosmarini*, or Spirit of Rosemary.

*U.*—In preparing the Soap Liniment and the Compound Tincture of Lavender.

*Compound Spirit of Solunjuna.*

*U.*—Stimulant, given in water.

*D.*—Two to four drachms.

*Tinctura Aloes*, or Tincture of Aloes.

*Use.*—Purgative and Stomachic.

*Dose.*—Four drachms to an ounce and a half.

*Tinctura Aloes Composita*, or Compound Tincture of Aloes.

*U.*—Purgative and Stomachic.

*D.*—One to two drachms.

*Tinctura Ammoniæ Composita*, or Compound Tincture of Ammonia.

*U.*—A powerful Stimulant and Antispasmodic, given frequently in Snake bites.

*D.*—Ten to fifteen drops in water, repeated frequently.

*Tinctura Assafœtidae*, or Tincture of Assafœtida.

*U.*—Stimulant and Antispasmodic.

*D.*—One to two drachms.

*Tinctura Aurantii*, or Tincture of Orange.

*U.*—Stomachic, given with bitter infusions and decoctions.

*D.*—Two to four drachms.

*Tincture of Barberry.*

*U.*—Febrifuge, Tonic, and Aperient.

*D.*—Two to four drachms, two or three times a day.

*Spiritus Menthæ Pulegii*, yāne Spirit Pennyroyal kā.

*F.* aur *M.*—Misl dawái mazkúrai bálá hai.

*Spiritus Menthæ Viridis*, yāne Spirit Spearmint kā.

*F.* aur *M.*—iská misl miqdár Peppermint ke hai.

*Spiritus Myristiceæ*, yāne Spirit jaiphal kā.

*F.* aur *M.*—Misl dawái mazkúrai bálá hai.

*Spiritus Pimentæ*, yāne Spirit Pimenta kā.

*F.* aur *M.*—Misl dawái mazkúrai bálá hai.

*Spiritus Rosmarini*, yāne Spirit Rosemary kā.

*F.*—Marham sábún aur murakkab Tincture Lavender ke banáne men kám átá hai.

*Murakkab Spirit Sohunjuna*.

*F.*—Muharrik hai, pání men dete hain.

*M.*—Do se chár drachm tak.

*Tinctura Aloes*, yāne Tincture sibr kā.

*Fáidah*.—Mushil aur muſíd medeh hai.

*Miqdár*.—Chár drachm se ek ounce tak.

*Tinctura Aloes Composita*, yāne murakkab Tincture sibr kā.

*F.*—Mushil aur muſíd medeh hai.

*M.*—Ek se do drachm tak.

*Tinctura Ammoniæ Composita*, yāne murakkab Tincture naushádar kú.

*F.*—Yih dawá bahut qawí muharriq, aur Antispasmodic, yāne dáſai maṛor hai, aksar sánp ke káte hue ko dete hain.

*M.*—Das se pandrah qatre tak pání men istamál karte hain, aur kai martabah piláte hain.

*Tinctura Assafætidæ*, yāne Tincture híng kā.

*F.*—Muharriq aur Antispasmodic, yāne dáſai tashannuj hai.

*M.*—Ek se do drachm tak.

*Tinctura Aurantii*, yāne Tincture rangtarah kā.

*F.*—Muſíd medeh Infusion, yāne khisándah talkh aur Decoction, yāne joshándah ke sáth dete hain.

*M.*—Do se chár drachm tak.

*Tincture Barberry*.

*F.*—Dáſai bukhár, aur muqawwí, aur mulayyan hai.

*M.*—Do se chár drachm tak, do yá tín martabah ek din men.

*Tinctura Benzoini Composita*, or Compound Tincture of Benzoin, or Friar's Balsam.

*U.*—Stimulant and Expectorant, given in Chronic Catarrhs, and confirmed Asthma.

*D.*—Half a drachm to two drachms.

*Tincture of Buchu.*

*U.*—An Astringent Diuretic, given in Chronic diseases of the Urinary organs.

*D.*—One to two drachms.

*Tinctura Balsami Tolutani*, or Tincture of Balsam of Tolu.

*U.*—Expectorant, given in Chronic Coughs and Catarrhal affections.

*D.*—Ten to fifteen drops, three or four times a day.

*Tinctura Calumbæ*, or Tincture of Calumba.

*U.*—Tonic and Stomachic.

*D.*—One to four drachms.

*Tinctura Camphoræ*, or Tincture of Camphor.

*U.*—Externally as a Stimulant, applied in Chronic Rheumatism and Chilblains.

*Tinctura Camphoræ Composita*, or Compound Tincture of Camphor, or "Paregoric Elixir."

*U.*—Anodyne and Diaphoretic.

*D.*—One to three drachms.

*Tinctura Cantharides*, or Tincture of Spanish Flies.

*U.*—Diuretic and Stimulant, given internally in Gleets, Fluor Albus, and incontinence of Urine; Externally as a Rubefacient, combined with Camphor Liniment.

*D.*—Ten minimis to one drachm.

*Tinctura Capsici*, or Tincture of red pepper.

*U.*—Stimulant, given in the low stage of Typhus Fever, and in relaxed Uvula.

*D.*—Ten minimis to one drachm.

*Tinctura Cardamomi*, or Tincture of Cardamoms.

*U.*—Stimulant and Carminative, given in some bitter infusion.

*D.*—One to two drachms.

*Tinctura Benzoini Composita*, yané murakkab Tincture lobán jisko "Friar's Balsam" kahte hain.

*F.*—Muharrík aur muarrík hai, Chronic Catarrh yané zukám puráne aur zíquannafs men dete hain.

*M.*—Nisf drachm se do drachm tak.

*Tincture Buchu.*

*F.*—Qábiz aur mudir hai, baárzahi puráne amráz azái pesháb ke istámál karte hain.

*M.*—Ek se do drachm tak.

*Tinctura Balsami Tolułani*, yané Tincture Balsam Tolu ká.

*F.*—Dáſai balgham hai, puraní khánsí aur zukám men dete hain.

*M.*—Das se pándrah qatre tak, ek din men tín chár martabah.

*Tinctura Calumbæ*, yané Tincture Calumba ká.

*F.*—Muqawwí aur muſíd medeh hai.

*M.*—Ek se chár drachm tak.

*Tinctura Camphoræ*, yané Tincture kafúr ká.

*F.*—Báhar jism par lagánc ke liye khásiat uskí muharrik hai, baárzahi kohna gaṭhyá ke aur laṛkon ke phore phunsí ke mustámil hai.

*Tinctura Camphoræ Composita*, yané murakkab Tincture káfúr, jisko Paregoric Elixir blí kahte hain.

*F.*—Musakkin aur muarríq hai.

*M.*—Ek se tín drachm tak.

*Tinctura Cantharides*, yané Tincture Spain kí makkhi ká.

*F.*—Mudir aur muharrik hai, andar jism ke baárzahi jiriyán aur "Fluor Albus," aur salsal bál ke dete istámál karte hain; aur úpar jism ke tásír uskí Rubefacient, yané lál karnewálí hai, marhami káfúr men milákar lagáte hain.

*M.*—Das minim se ek drachm tak.

*Tinctura Capsici*, yané Tincture lál mirch ká.

*F.*—Muharrík hai, baárzahi Typhus bukhár men jab nabz bahut sust aur zaíf hotí hai, aur dhíle hone Uvula ke dete hain.

*M.*—Das minim se ek drachm tak.

*Tinctura Cardamomi*, yané Tincture iláichí ká.

*F.*—Muharrík aur Carminative, yané dáſai báí hai, kisi talkh khísándah men istámál iská karte hain.

*M.*—Ek se do drachm tak.

*Tinctura Cardamomi Composita*, or Compound Tincture of Cardamoms.

*U.* and *D.*—The same as above.

*Tinctura Cascarillæ*, or Tincture of Cascarilla.

*U.*—Tonic and Stomachic.

*D.*—Twenty minims to two drachms.

*Tinctura Catechu*, or Tincture of Catechu.

*U.*—Astringent, given in Diarrhœa.

*D.*—One to four drachms.

*Compound Tincture of Chiretta*.

*U.*—A bitter and Cordial Tonic.

*D.*—One to two drachms.

*Tinctura Cinchonæ*, or Tincture of Cinchona.

*U.*—Tonic, Stomachic and Febrifuge, chiefly given with the Infusion or Decoction of Bark.

*D.*—One to four drachms.

*Tinctura Cinchonæ Composita*, or Compound Tincture of Cinchona.

*U.* and *D.*—The same as the above.

*Tinctura Cinnamomi*, or Tincture of Cinnamon.

*U.*—Stomachic and Astringent.

*D.*—One to two drachms.

*Tinctura Cinnamomi Composita*, or Compound Tincture of Cinnamon.

*U.* and *D.*—The same as the above.

*Tinctura Colchici*, or Tincture of Colchicum.

*U.*—Diuretic, given in Gout and Rheumatism.

*D.*—Twenty to thirty minims, two or three times a day.

*Tinctura Colchici Composita*, or Compound Tincture of Colchicum or Meadow Saffron.

*U.* and *D.*—The same as the above.

*Tinctura Conii*, or Tincture of Hemlock.

*U.*—Narcotic and Antispasmodic.

*D.*—Half a drachm to one drachm.

*Tinctura Cubebæ*, or Tincture of Cubeb.

*U.*—Stimulant and Diuretic, given in Gonorrhœa.

*D.*—Half a drachm to one drachm.

*Tinctura Cardamomi Composita*, yané murakkab Tincture iláichí ká.

*F. aur M.*—Misl dawái mazkurai bálá hai.

*Tinctura Cascarillæ*, yané Tincture Cascarilla ká.

*F.*—Muqawwí aur muſíd medeh hai.

*M*—Bís minim se do drachm tak.

*Tinctura Catechu*, yané Tincturci katthá.

*F.*—Qábiz hai, baárzahi Diarrhoea, yané daston ke dete hain.

*M.*—Ek se chár drachm tak.

*Murakkab Tincture Chirella ká.*

*F.*—Találí, farhat baķhsh muqawwí dawá hai.

*M.*—Ek se do drachm tak.

*Tinctura Cinchonæ*, yané Tincturei Cinchona.

*F.*—Muqawwí, aur muſíd meleḥ aur dáſai buķhár hai, aksar khísándah yá joshándah Bark ke sáth istámál karte hain.

*M.*—Ek se chár drachm tak.

*Tinctura Cinchonæ Composita*, yané murakkab Tincture Cinchona ká.

*F. aur M.*—Mutábiq dawái mazkúrai bálá ke hai.

*Tinctura Cinnamomi*, yané Tincturei dárchíní.

*F.*—Muſíd medeh aur qábiz hai.

*M.*—Ek se do drachm tak.

*Tinctura Cinnamomi Composita*, yané murakkab Tincturei dárchíní.

*F. aur M.*—Mutábiq dawái mazkúrai bálá ke hai.

*Tinctura Colchici*, yané Tincture Colchicum ká.

*F.*—Mudir hai, baárzahi niqras aur gaṭhyá ke dete hain.

*M.*—Bís se tís minim tak, do yá tíu martabah ek din men.

*Tinctura Colchici Composita*, yané murakkab Tincture Colchicum yá záfrán Meadow ká.

*F. aur M.*—Misl dawái mazkúrai bálá ke hai.

*Tinctura Comii*, yané Tincture Hemlock ká.

*F.*—Musakkir aur Antispasmodic, yané dáſai tashannuj hai.

*M.*—Nisf drachm se ek drachm tak.

*Tinctura Cubebæ*, yané Tincture Cubeba ká.

*F.*—Muharrik aur mudir hai, baárzahi suzak ke dete hain.

*M.*—Nisf drachm se ek drachm tak.

*Tinctura Digitalis*, or Tincture of Foxglove.

*U.*—Diuretic and Sedative, given in inflammation of the Lungs, Aneurism, Incipient Consumption and Inflammatory Dropsy.

*D.*—Ten to thirty drops, two or three times a day,

*Tinctura Gallæ*, or Tincture of Galls.

*U.*—Astringent.

*D.*—One to two drachms.

*Tincture of Googul.*

*U.* and *D.*—The same as the Tincture of Myrrh.

*Tinctura Guiaci Composita*, or Compound Tincture of Guiaconum.

*U.*—Stimulant and Diaphoretic.

*D.*—One to three drachms.

*Tincture of Gulancha.*

*U.*—Tonic and Febrifuge.

*D.*—Two to four drachms.

*Compound Tincture of Gurjun.*

*U.*—Stimulant and Diuretic, given in milk, or sugar and water.

*D.*—Twenty to thirty drops.

*Tinctura Hellebori*, or Tincture of Hellebore.

*U.*—Emmenagogue.

*D.*—Thirty drops to one drachm.

*Tincture of Hemp.*

*U.*—Narcotic, Stimulant and Anticonvulsive, given in Cholera, Delirium Tremens, Lock-jaw, and other convulsive diseases. Also in Neuralgia and Tic-doloreux.

*D.*—Twenty drops to one drachm, given in sugar and water.

*Tincture of Hermodactyl*, or Soorinjantulk.

*U.*—Given in Gout and Rheumatism, a good substitute for Colchicum.

*D.*—Twenty to thirty drops.

*Tinctura Hyoscyami*, or Tincture of Henbane.

*U.*—Narcotic.

*D.*—Half a drachm to two drachms.

*Tinctura Digitalis*, yane Tincture Foxglove ká.

*F.*—Mudir aur musakkin hai, sozish phephre men aur Aneurism aur Incipient Consumption, yane ibtidai bímári sil men aur sozish istisqá men dete hain.

*M.*—Das se tís qatre tak, do yá tín martabah ek din men.

*Tinctura Gallæ*, yane Tincture májúphal ká.

*F.*—Qábiz hai.

*M.*—Ek se do drachm tak.

*Tinctura Googul.*

*F.* aur *M.*—Is dawá ká misl Tincture Myrrh ke hai.

*Tinctura Guiaci Composita*, yane murakkah Tincture Guiacum ká.

*F.*—Muharrik aur muárriq hai.

*M.*—Ek se tín drachm tak.

*Tincture Gulancha.*

*F.*—Muqawwí aur dáfai bukhár.

*M.*—Do se chár drachm tak.

*Murakkab Tincture Gurjun* ká.

*F.*—Muharrik aur mudir hai, dúdh yá chíní aur páni ke sáth istamál karte hain.

*M.*—Bís qatre se tís qatre tak.

*Tinctura Hellebore*, yane Tincture kuṭkí ká.

*F.*—Emmenagogue, yane haizáwar hai.

*M.*—Tís qatre se ek drachm tak.

*Tincture Hemp* ká.

*F.*—Muskr, aur muharrik, aur dáfai maṛor hai, baárzahi haizá aur hizyán aur behoslí aur Lock-jaw, aur dígar awáriz maṛor ke diyá játá hai, aur baárzahi Neuralgia aur Tic-doloreux ke bhí istamál uská karte hain.

*M.*—Bís qatre se ek drachm tak, chíní aur páni men píte hain.

*Tincture Hermodactyl*, yane Soorinjantalk ká Tincture.

*F.*—Baárzahi niqras aur gaṭbyá ke detc hain, bajái Colchicum yih dawá bahut bihtar əwaz tajwíz huí hai.

*M.*—Bís qatre se tís qatre tak.

*Tinctura Hyoscyami*, yane Tincture Henbane ká.

*F.*—Sun karnewálí hai.

*M.*—Nisf drachm se do drachm tak.

*Tinctura Iodini Composita*, or Compound Tincture of Iodine.

*U.*—Alterative, given in Scrophula and Secondary Syphilis.

*D.*—Five to thirty minimis, two or three times a day.

*Tinctura Jalapæ*, or Tincture of Jalap.

*U.*—Cathartic, generally given with some other Aperient Medicine.

*D.*—Four drachms to one ounce.

*Tincture of Kaladana.*

*U.*—Cathartic.

*D.*—One to two drachms.

*Tinctura Kino*, or Tincture of Kino.

*U.*—Astringent.

*D.*—One to two drachms.

*Compound Tincture of Kreat.*

*U.*—Tonic, Stimulant and Slightly Aperient. Given in Dyspepsia, and Torpidity of the bowels.

*Tinctura Lavendulæ Composita*, or Compound Tincture of Lavender.

*U.*—Stimulant and Stomachic, given in Languors.

*D.*—One to four drachms.

*Tinctura Lupuli*, or Tincture of Hop.

*U.*—Sedative and a bitter Tonic.

*D.*—Half a drachm to two drachms.

*Tincture of Mishme Teeta.*

*U.*—A bitter Tonie.

*D.*—One to two drachms.

*Tincture of Mugrela.*

*U.*—Stimulant and Diaphoretic, given to females to promote the secretion of milk.

*D.*—Half a drachm to two drachms.

*Tincture of Myrobalan.*

*U.*—A powerful Astringent.

*D.*—Twenty drops to a drachm.

*Tinctura Iodini Composita*, yanç murakkab Tincture Iodine ká.

*F.*—Durust kunandai jism hai, baárzahi kanthmálá aur darjai doyam átshak ke dete hain.

*M.*—Pánch se tís minim tak, ek din men do yá tín martabah.

*Tinctura Jalapæ*, yanç Tincture Jalap kú.

*F.*—Mushil hai, aksar yih dawá kisí mulayyan dawá ke sáth mustamíl hotí hai.

*M.*—Chár drachm se ek ounce tak.

*Tincture Kaladana ká*

*F.*—Dastáwar hai.

*M.*—Ek se do drachm tak.

*Tinctura Kino*, yanç Tincture Kino ká.

*F.*—Qábiz hai.

*M.*—Ek se do drachm tak.

*Compound Tincture Kreat ká*.

*F.*—Muqawwí, aur muharrik, aur mulayyan hai; badarjai khafíf baárzahi Dyspepsia, yanç badhazmí aur jári hone pet ke dete hain.

*Tinctura Larendulae Composita*, yanç murakkab Tincture Lavender ká.

*F.*—Muarriq aur muśid medeh hai, maqáhat aur sustí men dete hain.

*M.*—Ek se chár drachm tak.

*Tinctura Lupuli*, yanç Tincture i Hops.

*F.*—Taskín denewálí aur talķh muqawwí dawá hai.

*M.*—Nisf drachm se do drachm tak

*Tinctura Mishme Teeta*.

*F.*—Talķh muqawwí dawá hai.

*M.*—Ek se do drachm tak.

*Tincture Mugrela ká*.

*F.*—Muharrik aur muarriq hai, aur atop ko wáste ziyádah karne dudh ke dete hain.

*M.*—Nisf drachm se do drachm tak.

*Tinctura Myrobolan*, yanç Tincture har ká.

*F.*—Bahut qawí qábiz hai.

*M.*—Bís qatre se ek drachm tak.

*Tinctura Myrrhae*, or Tincture of Myrrh.

*U.*—Internally, Tonic and Deobstruent. Externally it is employed as a wash to Foul Ulcers, and when diluted with water, as a Lotion for spongy gums.

*D.*—Half a drachm to one drachm.

*Tinctura Opii*, or Tincture of Opium.

*U.*—A valuable Stimulant and Narcotic.

*D.*—Ten to forty drops.

*Tinctura Rhei Composita*, or Compound Tincture of Rhubarb.

*U.*—Purgative and Stomachic.

*D.*—Two drachms to one ounce and a half.

*Tinctura Scillæ*, or Tincture of Squills.

*U.*—Expectorant and Diuretic.

*D.*—Ten to thirty drops, two or three times a day.

*Tinctura Sennæ Composita*, or Compound Tincture of Senna.

*U.*—Stomachic and Purgative.

*D.*—Two drachms to one ounce.

*Tinctura Serpentariae*, or Tincture of Serpentine.

*U.*—Tonic and Diaphoretic.

*D.*—One to four drachms.

*Tinctura Toddalia*.

*U.*—Stimulant, Tonic, Diaphoretic and Febrifuge.

*D.*—One to four drachms.

*Tinctura Valerianæ*, or Tincture of Valerian.

*U.*—Antispasmodic, generally given in an infusion of Valerian

*D.*—One to four drachms.

*Tinctura Valerianæ Composita*, or Compound Tincture of Valerian.

*U.*—The same as the above.

*D.*—Half a drachm to one drachm

*Tinctura Zingiberis*, or Tincture of Ginger.

*U.*—Stimulant and Carminative, given in Gout, when it attacks the Stomach, and in flatulent Colic.

*D.*—One to two drachms.

*Tinctura Myrrhae*, yāne Tincture i murr.

F.—Andar jism ke muqawwī aur Deobstrent, yāne musattah hai, aur báhar jism par bashumul pání ke ghalíz zaķhmon ke dhone men bhí kám átā hai, wáste Spongy gums yāne phúle hue aur narm masurē ke bataur Iotion mustamal hotá hai.

M.—Nisf drachm se ek drachm tak.

*Tinctura Opii*, yāne Tincture afyún ká.

F.—Umdah muharrik aur muskir dawá hai.

M.—Das se chális qatre tak.

*Tinctura Rhei Composita*, yane murakkab Tincture i rewand chínī.

F.—Mushil aur mufid medeh hai.

M.—Do drachm se ek ounce tak.

*Tinctura Scillæ*, yāne Tincture i Squill.

F.—Dáfai balgham aur mudir hai.

M.—Das se tís qatre tak, do yá tín martabah ek din men.

*Tinctura Sennæ Composita*, yāne murakkab Tincturei Senna.

F.—Mufid medeh aur mushil hai.

M.—Do drachm se ek ounce tak.

*Tinctura Serpentariae*, yāne Tincturei Serpentary.

F.—Muqawwī aur muarriq hai.

M.—Ek drachm se chár drachm tak.

*Tinctura Toddolia*.

F.—Muharrik, aur muqawwī, aur muarriq aur dáfai bukhár.

M.—Ek drachm se chár drachm tak.

*Tinctura Valerianæ*, yāne Tincture Bellilotan ká.

F.—Antispasmodic, yāne dáfai tashannuj hai, aksar khisándah Bellilotan men dete hain.

M.—Ek se chár drachm tak.

*Tinctura Valerianæ Composita*, yāne murakkab Tincture Bellilotan ká.

F.—Tásír iskí misl tásír dawái muzkúrai bálá hai.

M.—Nisf drachm se ek drachm tak.

*Tinctura Zingiberis*, yāne Tincture soñth ká.

F.—Muharrik aur dáfai báí hai, baárzahi niqras, jab ki yih árzai medeh par ghálib hotá hai aur baárzahi dard kúling báí ke dete hain.

M.—Ek drachm se do drachm tak,

*Vinum Aloes*, or Wine of Aloes.

*Use*.—Aperient in doses of one to two ounces, and Stomachic from one to two drachms.

*Vinum Colchici*, or Wine of Colchicum.

*U*.—Narcotic and Diuretic, given in cases of Gout and Rheumatism.

*Dose*.—Thirty drops to one drachm.

*Vinum Ipecacuanhae*, or Wine of Ipecacuanha.

*U*.—Diaphoretic and Emetic, chiefly given to children; half a drachm being given every ten or fifteen minutes till it operates.

*Vinum Opii*, or Wine of Opium.

*U*.—Narcotic.

*D*.—Ten drops to one drachm.

*Vinum Viratri*, or Wine of White Hellebore.

*U*.—Emetic and Cathartic, given in Gout and Rheumatism.

*D*.—Five to ten minimis.

*Unguentum Antimonii Potassio Tartratis*, or Ointment of Potassio Tartrate of Antimony, or Tartar Emetic Ointment.

*U*.—Counter-irritant, employed in Chronic swellings of the joints, particularly after Rheumatism, and in many states of internal organs. A little of this ointment should be well rubbed into the skin over the part affected two or three times a day.

*Unguentum Cantharides*, or Ointment of Spanish Fly.

*U*.—The same as the Ceratum Cantharides; if the Telini Fly is used, substitute double the quantity of it than the Spanish Fly.

*Unguentum Cetacei*, or Ointment of Spermaceti.

*U*.—A cool simple dressing.

*Chakoon Ointment*.

*U*.—Stimulant, a good application to Ringworm.

*Chaulmoogra Ointment*.

*U*.—Stimulant, employed in several cutaneous diseases, especially Herpes and Tinea.

*Vinum Aloes*, yané sharáb sibr kí.

*Fáidah*.—Mulayyan hai bamiqdár do ounce, ke aur mufid medeh ek se do drachm tak.

*Vinum Colchici*, yané sharáb Colchicum kí.

*F*.—Muskir aur mudir hai, baárzah niqras aur gaثhiyá ke dete hain.

*Miqdár*.—Tís qatre se ek drachm tak.

*Vinum Ipecacuanhæ*, yané sharáb Ipecacuanha kí.

*F*.—Muharriq aur muqai hai, aksar larkon ko dete hain; nisf drachm har das das pandrah pandrah minute ke bād jab tak ki tásír uskí howe.

*Vinum Opii*, yané sharáb afyún kí.

*F*.—Muskir hai.

*M*.—Das qatre se ek drachm tak.

*Vinum Veratri*, yané sharáb kuṭkí sufed kí.

*F*.—Muqai aur mushil hai, baárzah niqras aur gaثhiyá ke dete hain.

*M*.—Pánch se das minim tak.

*Unguentum Antimonii Potassio Tartratis*, yané marham Potassio Tartrate Antimony ká, jisko ki Tartrate Emetic Ointment, kahte hain.

*Fáidah*.—Dáfai sozish hai, jo azá arse se phúl gae hoṇ unpar lagáte hain, khasús bād gaثhiyá, aur aksar azái andarúní par istamál karte hain, is marham men se qadre marham us muqám par jahán taklíf ho post par malá jáwe, do yá tín martabah ek diu men.

*Unguentum Cantharides*, yané marham makkhí Spain ká.

*F*.—Tásír iskí misl Ceratum Cantharides ke hai, agar is men Telní makkhí dálí jáwe, to marham makkhí Spain kí nisbat yih marham muzaaf istamál kiyá jáwe.

*Unguentum Cetacei*, yané marham machh kí charbí ká.

*F*.—Marham patti karne men yih marham ḥandak kartá hai.

*Marham Chakoon* ká.

*F*.—Muharriq hai, yih marham dād par lagáne ko mufid hai.

*Marham Chaulmoogra* ká.

*F*.—Muharriq hai, aksar amráz jildí men kám áta hai, khusús ganj aur Tinea, yané maraz bad khore men lagáte hain.

*Compound Cinnabar Ointment.*

*U.*—Stimulant, in Ringworm.

*Unguentum Creasote, or Ointment of Creasote.*

*U.*—Stimulant, employed in mild cases of Ringworm, and similar cutaneous diseases.

*Daod-murden Ointment.*

*U.*—Stimulant, in Ringworm.

*Unguentum Elemi, or Ointment of Elemi.*

*U.*—Stimulant and Digestive, used to keep open Setons and Issues.

*Unguentum Gallæ Compositum, or Compound Ointment of Galls.*

*U.*—Astringent, applied in Hæmorrhoids.

*Ointment of Gandah Biroza.*

*U.*—Detergent, a good substitute for the Elemi Ointment, applied to boils.

*Unguentum Hydrargyri Ammonio Chloridi, or Ointment of Ammonio Chloride of Mercury.*

*U.*—Stimulant and Detergent.

*Unguentum Hydrargyri Biniodidi, or Ointment of Biniodide of Mercury.*

*U.*—Stronger than the above, but used in similar cases.

*Unguentum Hydrargyri Iodidi, or Ointment of Iodide of Mercury.*

*U.*—Stimulant and Alterative, employed in dressing Scrophulous sores.

*Unguentum Iodini Compositum, or Compound Ointment of Iodine.*

*U.*—Stimulant and Alterative, applied to indolent Tumours and Bronchocele.

*Unguentum Hydrargyri Fortius, or Strong Ointment of Mercury.*

*U.*—A speedy method of producing salivation in cases of Syphilis and Chronic Hepatitis. Half a drachm to one drachm rubbed well into the inside of the thighs, three times a day.

*Unguentum Hydrargyri Mitius, or Milder Ointment of Mercury.*

*U.*—The same as the above, but its action is not so rapid.

*Murakkab Marham Cinnabar* ká.

*F.*—Muharriq hai, dád par lagáte hain.

*Unguentum Creasote*, yané marham Creasote ká.

*F.*—Muharrik hai, baárzah khaffí dád ke aur digar awáriz jildí ke kám átá hai.

*Marham Daod-murden* ká.

*F.*—Muharrik hai, baámráz dád ke lagáte hain.

*Unguentum Elemi*, yané marham Elemi ká.

*F.*—Muharrik aur muhallil hai, aur wáste khulá rakhne náth aur gul dene ke kám átá hai.

*Unguentum Gallæ Compositum*, yané murakkab marham májúphal ká.

*F.*—Qábiz hai, baárzah Haemorrhoids, yané bawásír ke lagáte hain.

*Marham Gandah Biroze* kú.

*F.*—Khárij kunandai aláish hai, bajái marham Elemi ke bahut umdah áwaz tajwíz huá hai, dambal par lagáte hain.

*Unguentum Hydrargyri Ammonio Chloridi*, yané marham Ammonio Chloride páre ká.

*F.*—Muharrik aur sáf kunandai aláish hai

*Unguentum Hydrargyri Biniodidi*, yané marham Biniodidi páre ká

*F.*—Marham mazkúrai bálá se yih marhain bahut qawí hai, unlín ámráz mey kum átá hai.

*Unguentum Hydrargyri Iodidi*, yané marham Iodide páre ká.

*F.*—Muharriq hai, aur badan ko sudhártá hai, kanthmálá ke zaíhm par is dawá se marham pat्तí karte hain.

*Unguentum Iodini Compositum*, yané murakkab marham Iodine ká.

*F.*—Muharrik aur sudhárne wálá jism ká hai, puráne gháo aur maraz Bronchocle mey kum átá hai.

*Unguentum Hydrargyri Fortius*, yané tez marham páre ká.

*F.*—Wáste jald múnh láne ke baárzah Syphilis, yané átshak aur puráne warm jigár, yih marham bahut sariul asar hai. Nisf drachm se ek drachm tak, zánú ke andar ek din mey tíñ marta-bah baíkhúbí malá jáwe.

*Unguentum Hydrargyri Mitius*, yané páre ká kam tez marham.

*F.*—Tásír iskí misl Tásír marham mazkúrahi bálá hai, magar yih marham aisá sariul asar nahín.

*Unguentum Hydrarygi Nitratis*, or Ointment of Nitrate of Mercury, or Citron Ointment.

*U.*—Stimulant and Detergent, employed in various cutaneous diseases, and in chronic diseases of the eye-lids.

*Unguentum Hydrarygi Nitrico Oxydi*, or Ointment of Nitric Oxide of Mercury.

*U.*—The same as the above.

*Compound Myrobalan Ointment.*

*U.*—Applied to excoriated surfaces.

*Unguentum Picis Liquidæ*, or Ointment of Liquid Pitch or Tar.

*U.*—Stimulant, employed in Tetters and Scaldhead.

*Unguentum Picis Nigræ*, or Ointment of Black Pitch.

*U.*—Digestive and Stimulant.

*Unguentum Plumbi Compositum*, or Compound Ointment of Lead.

*U.*—Detergent, applied to indolent tumours.

*Unguentum Plumbi Iodidi*, or Ointment of Iodide of Lead.

*U.*—Detergent and Alterative. Employed in Glandular and Chronic enlargement of the joints, and Seropulous ulcerations.

*Ointment of Sal Ammoniac and Borax.*

*U.*—Applied in Ringworm.

*Unguentum Sambuci*, or Ointment of Elder.

*U.*—A pleasant smelling simple dressing.

*Unguentum Sulphuris*, or Ointment of Sulphur.

*U.*—Stimulant, Common Itch Ointment.

*Unguentum Sulphuris Compositum*, or Compound Ointment of Sulphur.

*U.*—The same as the above, but very much stronger.

*Unguentum Veratri*, or Ointment of White Hellebore.

*U.*—Stimulant, employed in Scabies.

*Ointment of Verdigris.*

*U.*—A good Stimulant and mild Escharotic in Chronic Ulcerations.

*Ointment of Verdigris and Pitch.*

*U.*—A very good corn Plaster.

*Unguentum Zinci*, or Ointment of Zinc.

*U.*—Stimulant, used in Ulcers, &c.

*Unguentum Hydrargyri Nitratis*, yané marham Nitrate páre ká, ki jisko marham Citron bhí kabte hain.

F.—Muharriq hai aur aláish sáf kartá hai, aksar amráz jíldí men aur puráne amráz palkon men kám átá hai.

*Unguentum Hydrargyri Nitrico Oxydi*, yané marham Nitric Oxyde páre ká.

F.—Tásír iskí misl tásír marham mazkúrai bálá hai.

*Marakkab marham Myrobalan* ká.

F.—Khárash par lagáte hain.

*Unguentum Picis Liquidæ*, yané marham rátí rál ká.

F.—Muharriq hai, báyrzán Tatters, yané dád aur ganj ke lagáte hain.

*Unguentum Picis Nigræ*, yané marham Pitch siyáh ká.

F.—Muhallil tur muharrik hai.

*Unguentum Plumbi Compotum*, yané marakkab marham shíshe ká.

F.—Khárij kunaudai aláish hai, puráne ghío par lagáte hain.

*Unguentum Plumbi Iodidi*, yané marham Iodide shíshe ká.

F.—Musíffí aláish hai, aur sudhárnewálá; hálat jism ká puráne aur guþhilidír sújan par azá ke lagáte hain, aur kanþhmálá ke gháo par lagáyá játá hai.

*Marham Sal Ammoniac aur solága* ká.

F.—Dád par lagáte hain.

*Unguentum Sambuci*, yané marham Elder ká.

F.—Khushibád ír sílah marham hai isse marham pattí karte hain.

*Unguentum Sulphuris*, yané marham gandak ká.

F.—Muharrik hai, aksar khárish par lagáte hain.

*Unguentum Sulphuris Compositum*, yané murakkab marham gandak ká.

F.—Tásír iskí misl tásír marham mazkúrai bálá hai, magar nisbat uskí ziyádah qawí hai.

*Unguentum Veratri*, yané marham sufed kuþkí ká.

F.—Muharrik hai, khárish par lagáte hain.

*Marham Zungar* ká.

F.—Umdah marham muharrik hain, aur yih marham gosht ko puráne phoþe ke áhistah áhistah galátá hai.

*Marham Zangar aur Pitch, yané Rál* ká.

F.—Yih plaster ke áble par lagáne ko achchhá hai.

*Unguentum Zinci*, yané marham jast ká.

F.—Muharrik hai, puráne sozish men palkon parsote waqt lagáte

## TABLE

*Showing in what proportion, Opium and certain preparations of Antimony, Arsenic and Mercury, are contained in some Compound Medicines.*

*Confectio Opii*, or Confection of Opium.

One grain of Opium in about thirty-six grains of Confection.

*Hydrargyrum cum Creta*, or Mercury with Chalk, in about three grains contains one grain of Mercury.

*Linimentum Hydrargyri*, or Mercurial Liniment, in about six drachms contains one drachm of Mercury.

*Liquor Arsenicalis*, or Arsenical Solution.

Two fluid drachms contain one grain of sublimed white Arsenic.

*Liquor Hydrargyri Ozymuriatis*, or Solution of Corrosive Sublimate.

Two fluid ounces contain one grain of Ozymuriate of Mercury.

*Pilulae Hydrargyri*, or Mercurial Pills, or Blue Pills.

Three grains contain one grain of Mercury.

*Pilulae Hydrargyri Submuriatis Composite*, or Compound Pills of Submuriate of Mercury, or Plummer's Pills.

Four grains contain one grain of Submuriate of Mercury.

*Pilulae Saponis cum Opio*, or Soap Pills with Opium.

Five grains contain one of Opium.

*Pulvis Cornu ustii cum Opio*, or Powder of Calcined Hartshorn with Opium.

Ten grains contain one of Opium.

*Pulvis Cretæ Compositus cum Opio*, or Compound Powder of Chalk with Opium.

Twenty grains contain one grain of Opium.

*Pulvis Specacuanhae Compositus*, or Compound Powder of Ipecacuanha.

Ten grains contain one grain of Opium.

*Pulvis Kino Compositus*, or Compound Powder of Kino.

One scruple contains one grain of Opium.

*Vinum Antimonii Tartarizati*, or Wine of Tartarized Antimony.

Four fluid drachms contain one grain of Tartar Emetic.

*Unguentum Hydrargyri Fortius*, or Stronger Mercurial Ointment.

## FAHRIST.

*Muskir is bát ke, ki kis qadar Afyún aur baz murakkabát Surmá aur Sunkhiyá aur Páre ke murakkab adwiyat men dáké játe hain.*

*Confectio Opii*, yané Confection afyún ká.

Ek grain afyún ká chhattís grain Confection men partá hai.

*Hydrargyrum cum Creta*, yané párá maji khariyá takhmínan tín grain men ek grain párá ámez hotá hai.

*Linimentum Hydrargyri*, yané marham páre ká, iske chhaih drachm men ek drachm párá ámez hotá hai.

*Liquor Arsenicalis*, yané Solution sankhiyá ká.

Is dawá ke do drachm saiyl men ek grain sublimed susfed sankhiyá ámez hotá hai.

*Liquor Hydrargyri Oxymuriatis*, yané Solution Corrosive Sublimate ká.

Iske do saiyl ounce men ek grain Oxymuriate páre ká ámez hotá hai.

*Pilulae Hydrargyri*, yané golí páre kí jisko Blue Pill blí kahte hain.

Is dawá ke tín grain men ek grain párá ámez hotá hai.

*Pilulae Hydrargyri Submuriatis Composita*, yané murakkab goliyán Submuriate páre kí, jinko Plummer's Pill blí kahte hain.

Is dawá ke chár grain men ek grain Submuriate páre ká ámez hotá hai.

*Pilulae Saponis cum Opio*, yané sibuu kí goliyán afyún ámez.

Is dawá ke páñch grain men ek grain afyún ámez hotá hai.

*Pulvis Cornu usli cum Opio*, yané safúf Calcined Hartshorn aur afyún ká.

Is dawá ke das grain men ek grain afyún ámez hotí hai.

*Pulvis Cretae Compositus cum Opio*, yané murakkab safúf khariyá aur afyún ká.

Is dawá ke bíz grain men ek grain afyún ámez hotí hai.

*Pulvis Ipecacuanhae Compusi'us*, yané murakkab safúf Ipecacuanha ká.

Is dawá ke das grain men ek grain afyún ámez kí jáwe.

*Pulvis Kino Compositus*, yané murakkab safúf Kino ká.

Is dawá ke ek scruple men ek grain afyún ámez hotí hai.

*Vinum Antimonii Tartarizati*, yané Tartarized sharáb Antimony kí.

Chár drachm saiyl men ek grain Tartar Emetic ámez kiyá jáwe.

*Unguentum Hydrargyri Fortius*, yané tez marham páre ká.

Is marham ke do drachm men ek drachm párá ámez kivá iš

## TABLE.

*Table of Substitutes, useful in the event of any deficiency in the usual Medicines.*

|                             |    |    |   |
|-----------------------------|----|----|---|
| Cataplasma Conii,           | .. | .. | Datura Poultice.  |
| Cataplasma Lini,            | .. | .. | Nuteeya, or Neem-leaf Poultice.                                       |
| Cataplasma Sinapis,         | .. | .. | Get Kuchoo, or Lal Chitra Poultice.                                   |
| Ceratum Cantharides,        | .. | .. | Cerate of Telini Flies.   |
| Decoctum Cetrariae,         | .. | .. | Decoction of Gulancha.  |
| Decoctum Hordei Compositum, |    |    | Decoction of Oryzae or Ispaghool.                                     |
| Decoctum Quercus,           | .. | .. | Decoction of Rohun.   |
| Emplastrum Cantharides,     |    |    | Plaster of Telini Flies.  |
| Extractum Cinchonæ,         | .. | .. | Extract of Barberry Bark.   |
| Extractum Gentianæ,         | .. | .. | Extract of Chiretta, Justicia or Kreat, Galancha or Palo.             |
| Extractum Glycyrrhizæ,      | .. | .. | Extract of Abri or Goonch.  |
| Extractum Hœmatoxyli,       | .. | .. | Extract Dyospyri or Gab, Japan Wood, Nemooka.                         |
| Extractum Jalapæ,           | .. | .. | Extract Kaladanna.  |
| Extractum Papaveris,        | .. | .. | Extract Hemp.   |
| Infusum Cuspariæ,           | .. | .. | Compound Infusion of Sohunjuna.                                       |
| Infusum Gentianæ,           | .. | .. | Infusion of Bel, Chiretta, Gulancha, Kreat, Kurroo, Pata, Ununtamool. |
| Infusum Ipecacuanhæ,        | .. | .. | Infusion of Banopsha, Crini, Kanoor.                                  |
| Infusum Lini Compositum,    | .. |    | Infusion of Pedalium or Gokeroo.                                      |
| Infusum Serpentariae,       | .. | .. | Infusion of Ayapana.  |
| Pilulæ Gambogiæ Composita,  | .. |    | Pilula Kalladanuæ.  |
| Pulvis Ipecacuanhæ,         | .. | .. | Compound Powder of Muddar.  |
| Pulvis Quinine Sulphas,     | .. | .. | Karanjwa Powder.  |
| Syrupus Sarsaparillæ,       | .. | .. | Syrup of Ununtamool or Chobchinee.                                    |
| Tinctura Catechu,           | .. | .. | Tincture of Myrobolan.  |

## FAHRIST.

|  |   |
|--|---|
| <i>Zail men mundarij haiñ wah adwiya jo darsúrat kam hojáne mamüli</i> | <i>dawáon ke bataur qwaz kám men áti haiñ.</i>                      |
| Cataplasma Conii, .. . . .   | Poultice Dhatúre ká.  |
| Cataplasma Lini, .. . . .  | Nutceya yá Poultice Barg Ním.                                       |
| Cataplasma Sinapis, .. . . .   | Get Kuchoo yá Lál Chitrá Poultice.                                  |
| Ceratum Cantharides, .. . . .  | Cerate Teliní makkhí ká.  |
| Decoctum Cetrariae, .. . . .   | Joshándah Gulancha.   |
| Decoctum Hordei Compositum, .. . . .                                   | Joshándah Orizæ yá Ispaghool.                                       |
| Decoctum Quercus, .. . . .   | Joshándah Rohan.  |
| Emplastrum Cantharides, .. . . .                                       | Plaster Teliní makkhí ká.   |
| Extractum Cinchonæ, .. . . .   | Extract Post Barberry.  |
| Extractum Gentianæ, .. . . .   | Extract Chiretta, yá Justicia, yá Kreat, yá Gulancha, yá Palo.      |
| Extractum Glycyrrhizæ, .. . . .  | Extract Abri yá Goonch.   |
| Extractum Hæmatoxyli, .. . . .   | Extract Dyospyri, yá Gab, yá Japan Wood, yá Nemooka.                |
| Extractum Jalapæ, .. . . .   | Extract Kaladanna.  |
| Extractum Papaveris, .. . . .  | Extract Hemp.   |
| Infusum Cuspariæ, .. . . .   | Murakkab khisándah Sohunjuná ká.                                    |
| Infusum Gentianæ, .. . . .   | Khisándah Bel, Chiretta, Gulancha, Kreat, Kurroo, Pata, Ununtamool. |
| Infusum Ipecacuanhæ, .. . . .  | Khisándah Banopsha, Crini, Kanoor.                                  |
| Infusum Lini Compositum, .. . . .                                      | Khisándah Pedalium yá Gokeroo.                                      |
| Infusum Serpentariæ, .. . . .  | Khisándah Ayapana.  |
| Pilulæ Gambogiæ Composita, .. . . .                                    | Pilula Kaladannæ.   |
| Pulvis Ipecacuanhæ, .. . . .   | Murakkab safúf i Madár.   |
| Pulvis Quinine Sulphas, .. . . .                                       | Safúf Karanjwa.   |
| Syrupus Sarsaparillæ, .. . . .   | Syrup Ununtamool, aur Syrup Chobchíní ká.                           |
| Tinctura Catechu, .. . . .   | Tincture Myrobolan ká.  |

|   |   |
|---|---|
| <b>Tinctura Cinchonæ Composita,</b>         | Tincture of Barberry, Toddalia.   |
| <b>Tinctura Colchici,</b> . . . . .         | Tincture of Hermodactyl or Soo-<br>rinjan tulk.   |
| <b>Tinctura Cubebæ,</b> . . . . .           | Compound Tincture of Gurjun   |
| <b>Tinctura Gentianæ,</b> . . . . .         | Compound Tincture of Chiretta.  |
| <b>Tinctura Jalapæ,</b> . . . . .           | Tincture of Kalladanna.   |
| <b>Tinctura Lupuli,</b> . . . . .           | Tincture of Mishme Teeta, Gu-<br>lancha.  |
| <b>Tinctura Myrrhæ,</b> . . . . .           | Tincture of Mugrela.  |
| <b>Tinctura Opii,</b> . . . . .             | Tincture of Hemp.   |
| <b>Unguentum Elemi,</b> . . . . .           | Ointment of Gunda Biroza.   |
| <b>Unguentum Hydrargyri Nitra-<br/>tis.</b> | Ointment of Chakoor, Chal-<br>moogra, Compound Cinnabar,<br>Daod murdun, Sal Ammoniac<br>and Borax. |
| <b>Ceratum Calaminæ,</b> . . . . .          | Compound Ointment of Myro-<br>bolan.  |
| <b>Emplastrum Resinæ,</b> . . . . .         | Plaster of Gum Kahrubah.  |

*Directions for making the Gum Kahrubah Plaster will be found  
in the next chapter.*

|   |  |
|---|--|
| <b>Tinctura Cinchonæ Composita,</b>         | Tincture Barberry aur Toddalia.  |
| <b>Tinctura Colchici,</b> . . . . .         | Tincture Hermodactyl yá Suran-<br>jan talķh.   |
| <b>Tinctura Cubebæ,</b> . . . . .           | Murakkab Tincture Gurjun ká.   |
| <b>Tinctura Gentianæ,</b> . . . . .         | Murakkab Tincture Chiretta ká.   |
| <b>Tinctura Jalapæ,</b> . . . . .           | Tincture Kalladanna ká.  |
| <b>Tinctura Lupuli,</b> . . . . .           | Tincture Mishme Teeta aur Gu-<br>lancha.   |
| <b>Tinctura Myrrhæ,</b> . . . . .           | Tincture Mugrela.  |
| <b>Tinctura Opii,</b> . . . . .             | Tincture Hemp ká.  |
| <b>Unguentum Elemi,</b> . . . . .           | Marham Gunda Biroza ká.  |
| <b>Unguentum Hydrargyri Nitra-<br/>tis.</b> | Marham Chakoor, Chalmoogra,<br>murakkab Cinnabar, Daod<br>murdun, Sal Ammoniac, aur<br>Suhágá. |
| <b>Ceratum Calaminæ,</b> . . . . .          | Murakkab Marham Myrobolan<br>ká.   |
| <b>Emplastrum Resinæ,</b> . . . . .         | Plaster Gum Kahrubah.  |

*Tarkib iskí ákhir kitáb hazá men mundraj hai.*

PART III.  
ON THE  
PRACTICE OF PHYSIC.

BA'B SOYAM.

---

DAR BAYA'N ILA'J-UL-AMRA'Z.

PART III.  
ON THE  
PRACTICE OF PHYSIC.

**AMÆNORRHŒA; IRREGULAR MENSTRUATION.**

*Symptoms.*—If the irregularity proceeds from too great strength of the constitution, from increased fulness of the vessels, depending on a too large quantity of animal food, you will find a flushed countenance, heaviness, pains in the back and limbs, the pulse full, and generally remarkably slow, throbbing in the head, the breasts full, with a warm imagination.

*Treatment.*—You should bleed either from the arm, or apply leeches to the labia, pubes, or groins, and give saline purgatives, repeating them every second day, keeping the patient on low diet, and make her take strong exercise every day.

If the irregularity proceeds from too little blood, shewing a feeble and debilitated state of the constitution, as is so often the case in large towns, then you will find the *symptoms* are, a very weak pulse, appetite disordered, the countenance pale, a great loss of strength, palpitation of the heart, and slight hysteria.

*Treatment.*—This must be just contrary to the former. The strength must be supported with good nourishing food, tonics, change of air, gentle exercise daily, and if possible sea bathing.

*Questions.*

Describe the symptoms of Amænorrhœa arising from too great strength of the constitution, and the treatment to be adopted ?

Describe the symptoms of Amænorrhœa arising from debility, and the treatment to be adopted ?

**AMBUSTIO; BURNS AND SCALDS.**

*Symptoms.*—In extensive burns, there is great prostration of strength, and if the patient rallies, there will be delirium or coma. On some occasions, there is oppressive breathing, on others, violent

## BA'B SOYAM.

DAR BAYA'N İLA'J-UL-AMRA'Z.



AMÆNORRHŒA; YĀNE BEQÁIDAH HONÁ HAIZ KÁ.

*Alámateñ.*—Agar yih árzah basabab qawí mizájí yá ziyádah pur hone ragon ke kháne kasrat gosht se wáqa howe, to tezí nabz, aur surkhí chehrah, aur bojhalpan, aur dard kamar, aur dhamak sir men, aur ubhlár chhátiyon men sáthi khyálát bátil ke uskí alámateñ hotí hain.

*Maqljah.*—Yá to fasd háth kí lewen, yá jonken kináron par furj ke yá muqám mue zuhár par, yá chadđon men lagáwen, aur marízah ko mushil namkín dúsre din dete rahan, aur kam ghizá par rakhen, aur usse bahut sakht riyázat karáwen.

Agar yih árzah basabab qillat khún ke láhaq howe, aur mizáj men nítawání aur záuf páyá jáwe, jaisé ki aksar auqát bare bare shahron men musháhidah kiyá játá hai, to alámateñ uskí yih hotí hain, ki nabz kamzor aur ishtihá betartib aur kharáb, aur chehrah zard, aur niháyat ghaṭ jáná táqat ká, aur dhaṛakná dil ká, aur khafí hysteria.

*Maqljah.*—Is súrat men lázim hai ki ıläj bilkul baraks pahle ıläj ke karen, aur bazariyah ghizá, aur adwiyah muqawwí, aur tabdilí hawá, aur qadre har rozah kí riyázat ke, aur agar ho sake to bazariyah samundar men naháne ke táqat marízah kí bahál rakhen.

## Saválát.

Alámateñ beqáidah hone haiz kí jo basabab qawí mizájí ke láhaq huá hai bayán karo, aur kyá ıläj karná cháhiye ?

Kyá alámateñ hotí hain beqáidah hone haiz kí jo ki záuf mizájí ke sabab láhaq hotá hai, aur uská ıläj kis taur par karná cháhiye ?

## AMBUSTIO; YĀNE JALJÁNÁ ÁG AUR PÁNÍ SE.

?.—Agar ádmí bashiddat jal jáwe, to táqat niháyat záyal hojátí hai, aur agar maríz ko kuchh táqat hotí hai, to usse behoshí aur hizyán hotá hai, aur baz auqát dam diqqat se átá hai, aur baz

symptomatic fever. In the advanced stage, inflammation and ulceration of the alimentary canal ensues, and in some instances hydrocephalus. Many have hectic fever along with a profuse discharge.

*Treatment.*—At first you should cover the parts completely with cotton, together with gentle bandaging, so as to exclude the air effectually, and allow it to remain on until saturated with pus. In mild cases, this application may remain on for ten or fourteen days, when all irritation will have subsided, and the part be cured. In vesicated cases, the cotton may remain on for the same period, and treated in the same manner. There may be slight ulceration, requiring poultices or warm water dressing. In extensive burns, suppuration is inevitable. Five or six days, therefore, should only be allowed before you remove the cotton, perhaps sooner, especially in the hot weather, and then poultices for a few days, afterwards warm water dressing. Zinc or copper in solution are to be applied, as the surface is now an ulcer.

If the granulations become flabby, and shoot above the level of the skin, you must repress them by sulphate of copper, nitrate of silver, and dry lint and bandages. When suppuration ensues, the diet must be very nourishing to sustain the strength. Sloughs must be cut away, and great care taken to prevent unnatural adhesions, by appropriate bandages, such as one finger to another; the fore-arm to the arm; and the chin to the neck or even to the breast. When the part is charred, amputation is often indispensable, as soon as the powers of life have rallied.

#### *Questions.*

What constitutional symptoms arise in severe cases of burns and scalds ?

What treatment is to be followed in these cases ?

What are you particularly to guard against when the healing process commences ?

When a limb is completely charred, what will be probably obliged to be done with it ?

martabah sakht bukhár árzí paidá ho játa hai. Hálat shiddat marz men, antaryon men sozish hotí hai, aur zakhm par játe hain, aur baz marizon ko marz hydrocephalus, yane istasqá dimághí láhaq hotá hai. Aur aksaron ko tap-i-diq hamráh ziyádatí ishál ke paidá hotí hai.

*Maáljah.*—Ibtidá men tamám jale hue muqámon par rúí rakhní cháhiye, aur unpar halkí pattiyyán bándhen, taki bilkul hawá ká dañhal na rahe, aur pattiyyán qáim rakhní cháhiyen tá waqtíki píb ná pare, jis súrat men badan kam jalá ho, to yih pattiyyán das yá chaudah din tak bándhí rahan, kyunki is arse men tamám sozish rasá ho jáwegí, aur muqám sokhtah achchhá ho jáwegá. Dar súrat ho jáne áblon ke, rúí qáim rahe arsah mazkúr tak, aur maáljah ká bhí waisáhí taríq ho. Baz auqát khafíf zakhm ho játe hain, unpar lagáná poultice ká, aur sáf karná unko garm pání se zarúr hai. Dar súrat shiddat i sokhtgí ke, na honá pakáo ká ghair mumkinát se hai, isí sabab se dúr karná rúí ká sirf páñch chhah din men aur garmí ke mausam men sháyad isse bhí kam arsah men zarúr hogá us waqt istamál poultice ká chand roz tak, aur bád uske sáf karná zakhm ká garm pání se cháhiye, aur chúnki satah jisín ká áp ek zakhm hai, to lagáná zinc yá copper in solution ká zarúr hai.

Agar angúr narm par jáwen, aur satalí jism se úpar ubhar áwe, to dabáná uská sulphate of copper aur nitrate of silver, aur pattiyyón khushk párchahi lint se cháhiye. Jis waqt ki pakáo shurú ho, to bahál rakhná táqat ká bazariáh bahut muqawwí ghizá ke lázim hai. Chhichron ko káti dál ná cháhiye, aur is báb men bahut ahtiyát karní cháhiye, bazariáh munásib pattiyyón ke, ki azái ek dúsre se milkar ek jism na ho jáwen, maslan unglí unglí se, aur pahunchá bázú se, aur thoří, gardan yá chháti se. Jis súrat men koí azái jal-kar bilkul sokhtah ho jáwe, to kátná uská aksar khwá na khwá zarúr hogá, barwaqt táqat pakarne bímár ke.

### Sawálát.

Dar súrat jalne ke khwá ág khwá pání se ásár kyá hote hain ?

In súratoñ men kyá iláj iktiyár karná cháhiye ?

Tum ko kháskar kis amar kí ziyádah ahtiyát karní cháhiye jab ki bímári achchhe hone par átí hai ?

Jab koí azái bilkul sokhtah ho jáwe, to ham ko náchári uske bab men kyá karná paregá ?

## APOPLEXIA; APOPLEXY.

Apoplexy is usually divided into two species, viz. the sanguineous and serous.

*Symptoms.*—If a person be sitting upright or walking about, he suddenly falls down and sometimes dies on the spot. If death does not instantly take place, you will generally find the pulse slow and full, the face livid, flushed and swollen. The lips are particularly livid, with froth proceeding from the mouth, and a blowing from the lips and nostrils. The pupils of the eyes are usually dilated, the eyes closed and insensible to light. Persons have recovered after remaining in this state for three days.

There are usually some premonitory symptoms before an attack of apoplexy. The person falls asleep in company and snores loudly, there is generally headache, a throbbing, and sense of tension and weight of the head, a dimness of sight, and double vision, giddiness and vertigo. Some have flashes of light like stars before the eyes, deafness, ringing in the ears, nightmare, epistaxis or bleeding at the nose. Others have slight twitches of the muscles, and occasional stammering with impaired memory, with more or less depression of spirits; at times there is paralysis. Sometimes the urine and fœces escape involuntarily, or there may be profuse sweating; these may be considered unfavourable symptoms.

The class of persons most liable to this disease are those who have a large thick head, short necks, circular breasts, and not very tall. Those who take little exercise, and little mental exertion; those who sleep too much, becoming plethoric; those indulging in too rich and abundant food. Anxiety of mind has a tendency to produce it, anger has sometimes destroyed life by apoplexy. Ischuria renalis has also produced it. Inflammation and suppuration of the brain sometimes produces it. A depressed piece of bone on the brain will produce it.

## APOPLEXY; YĀNE SAKTAH.

Saktah ko aksar itbá ne do qismon men taqsím kiyá hai, sanguineous, yanç damwí, aur scrous, yanç bádí pesh.

Alámaten.—Agar ádmí baiṭhá ho yá chaltá ho, yekáyek gir partá hai, aur báz auqát usí jagah mar játá hai. Agar usí waqt maríz talaf nálín hotá, to nabz men zauf aur imtalá páyá játá hai, aur chehraḥ men nílápán aur surkhí aur tahbuj ho játá hai. Honṭ kháskar níle hote hain, aur mún̄h se kaf áte hain, aur sáns mún̄h aur nathnón̄ donon̄ taraf se átā hai. Putlí áṅkh kí aksar farákh, aur áṅkhen band ho játí hain, aur unscroshní nahín dikhlá detí. Ádmí achchhe ho gae hain bád rahne ke is hál men tím din tak.

Az láhaq hone saktah ke chand alámaten numáyán hotí hain. Wuh shakhs jise yih marz honewálá hotá hai, ádmiyon̄ men baiṭhe baiṭhe so játá hai, aur kharráte zor se lenc lagtá hai, aur aksar sir men dard aur dhamak hotí hai, aur aisá málum hotá hai ki sir taná huá aur bojhil hai, aur áṅkh se dhundlá dikhái dene lagtá hai, aur ek shai do nazar átí hain, aur daurán sir hotá hai. Baze ádmiyon̄ ko chamak roshní kí mánind sitáron̄ kí áṅkh ke ágcé málum detí hai, aur únehá sunná, aur kánon̄ men sansaní aur kábús hotá hai, aur naksír phútti hai, aur baze ádmiyon̄ ko gúnah ainqhan̄ pat̄hon̄ men malum hotí hai, aur kabhí kabhí zubán men luknat hotí hai, aur háfzah kháráb ho játá hai, aur dil par kam o besh udásí chhá játí hai, aur báz auqát fálj ho játá hai.

Us qism ke log is bímári men ziyádahtar mubtilá hote hain, jinká sir bará, aur gardan kotáh, aur sína gol aur qad miyánah hotá hai, aur jo riyázat aur fikar aur soch kam karte hain, aur jo bahut sote hain, jiske sabab se ratúbat paidá ho játí hai, aur wuh shakhs jo ki bahut tohfah aur ifrát se kháuá kháte hain, aur tashwísh khátil bhí is marz ke paidá karne men mumid hai, aur báz auqát basabab ghaiz aur ghusse ke yih marz láhaq huá hai, aur jáñ talaf ho gaí hai, basabab insidád pesháb ke bhí jo khálal gurdal se wáqa ho, yih marz paidá huá hai, báz waqt pesháb aur pákhánah khud bakhud nikaltá hai, aur ziyádatí pasínah kí bhí ho saktí hai, aur yih ásár bahut námubárak hain. Aur warm aur pak jáñá dimágh ká bhí yih árzah paidá kartá hai. Agar koí haddí dimágh kí baiṭh jáwe to usse bhí yih marz ho játá hai.

Apoplexy is liable to be confounded with syncope or fainting and with natural sleep. In syncope, respiration is suspended, the pulse is not to be felt at the wrist, the features shrink, and the surface of the body turns pale and cold. In apoplexy, the reverse of all this takes place. It is less easy to discriminate between apoplexy and natural sleep; the distinction can only be made, indeed, by our being able to rouse the person from sleep, however profound, by a certain degree of irritation. This cannot be done, or but very imperfectly, in apoplexy.

*Treatment.*—If apoplexy arises from a depressed piece of bone, it must of course be elevated. If it arises from any thing taken into the stomach, an emetic or the stomach pump must be employed. But if it arises from ordinary causes, the first thing is to raise the person's head and shoulders, to loosen every thing about the neck, and to open a vein in the arm or the jugular vein. The next thing should be to give a drop or two of croton oil or a scruple of calomel. A strong purgative injection should next be given. Ice should be applied to the head, mustard poultices applied to the feet and legs, and the patient be kept on very low diet. Calomel should be continued till the mouth is tender, afterwards a blister behind the ears, or over the whole of the head, may be applied. In apoplexy arising from ischuria renalis, you may give a grain or two of powdered cantharides night and morning, made up into a pill, as it is almost sure to make the bladder act. A person labouring under serous apoplexy, has a pale and collapsed face, arising from a state of exhaustion of the brain.

In this form of the disease, it is difficult to say how far there is irritation, and how far there is inflammation. It is best to evacuate as much as you can. Apply blisters rather than leeches, leeches rather than cupping, and cupping rather than bleeding from the arm, and at the same time give your patient moderate diet and ammonia.

#### *Questions.*

Into how many species is apoplexy usually divided, and what are they called ?

Saktah ko aksar ghalt fahmí se syncope, yane ghashí aur soná tasawwar karte hain. Syncope, yane ghashí men tanaffus mauqúf ho játá hai, aur barkat nabz kaláí ke pás nahín rahtí, aur chehra sut játá hai, aur satah jism zard aur ḥandhá par játá hai, aur saktah men bilaks tamám in báton ke wáqá hotá hai; aur saktah aur khwáb men yih farq hai ki sote ádmí ko ham kisí taklíf se jagá sakte hain, go ki nínd kitní hí ghálib ho, aur saktahwále kí nisbat yih nahín ho saktá, aur agar ho saktá hai to bahut kháffí darjah men.

*Maqljah.*—Agar saktah basabab dabjáuc kisí haqqí ke wáqá howe, to us haqqí ko únchá karná aur apní jagah par láná lázim hai, aur agar kisí aisí chíz se wáqá ho jo ki medeh men hai, to istamál adwiyah qaiáwar aur stomach pump ká karná cháhiye. Aur agar aur sababon mazkúrah bálá se wáqá howe, to awwal maríz ke sir aur kan-dhon ko únchá karná cháhiye, aur jo chíz gale men ho usko dhílá karen, aur háth kí fasd leñ, yá rug jugular vein, yane habal-ul-waríd kholen. Bäd iske ek yá do qatrah croton oil, yane jamálgoṭah ke tel ke, yá ek scrupule calomel deñ, aur bäd izán huqnah tez adwiyah dastáwar ká kiyá jáwe, aur barf sir par bándheñ, aur poultice ráí ká pánw aur ṭángou men lagáwen, aur maríz ko bahut kam ghizá den. Istamál calomel ká járí rahe jab tak ki mún̄h na ájáwe, iske bäd lagáne blister ká píchlé kánoñ ke yá tamám sir par i᷍khitiyár hai. Jis súrat meñ ki marz saktah basabab insdád pesháb ke jo khalal gurdah se paidá huá ho láhaq howe, to ek yá do grain pisí huí teliní makkhí kí subah o shám golí banákar dí jáwen, kyunki yaqín partá hai ki yih dawá masánah ko harkat degí. Agar kisí shakhs ko saktah basabab ratíbat ke howe, to uská chehra zard aur naqíh hotá hai, aur uská bájs yih hai ki dimágh khálí hotá hai.

Is súrat kí bímári meñ is bát ká jáunná mushkil hai, ki kis qadar sozish aur warm dimágh meñ hai, bihtar yih hai ki jahán tak ho sake tanqiyah karen, aur blister ko jokon se aur jokon ko síngiyon se aur síngiyon ko fasd bázú se muqaddam jáneñ, aur is arsah men maríz ko ghizá kam aur ammonia dewen.

### *Sawálát.*

Kai qism meñ saktah ko aksar itbá ne taqsím kiyá hai aur har-ek qism ká kyá kyá nám hai ?

What are the usual symptoms of apoplexy ?

What are the usual premonitory symptoms of an attack of apoplexy ?

What class of individuals are most liable to this disease ?

What may be considered unfavourable signs in apoplexy ?

How is apoplexy to be distinguished from syncope or natural sleep ?

What treatment should be adopted ?

In apoplexy arising from ischuria renalis, what would you give ?

What appearance has a person labouring under serous apoplexy ?

What treatment would you adopt in serous apoplexy ?

#### APIHTE OR THRUSH.

*Symptoms.*—This disease consists in the formation of vesicles within the mouth and lips, and all the way along the cheeks, tongue and “Velum pendulum palati,” the tonsils and pharynx.

It is most common in infants, but it is frequently seen in adults, at the end of chronic diseases, and at the end of phthisis pulmonalis. The mouth is usually hot, and the child fretful and uneasy. The appearance of the ulcer is that of a small white spot or speck, occurring singly or in clusters, on some parts of the mucous membrane of the mouth or throat. When single or few, aphthæ are usually found on the inside of the lower lip, on the gums, or on the tongue. When numerous or confluent, the inside of the cheeks are quite covered with them, or they extend backwards to the fauces. It is generally from three to four days from the bursting of the vesicle to the formation of the crust, and its cicatrization. The crusts, on being swallowed, become a source of irritation to the stomach and bowels, and it is thought that the disease itself may be thus propagated to these parts.

So long as the spots retain the appearance of a circular shape and white colour, shewing no disposition to spread rapidly, and the child's strength does not give way, no apprehension need be entertained; but when they show a disposition to alter their appearance, assuming any character indicative of their taking on an unhealthy action, and when they spread along the pharynx, much danger is to be apprehended.

Saktah kí māmúlí alámateñ kyá hotí hain ?

Māmúlí alámateñ qab laz láhaq hone saktah ke kyá hotí hain ?

Kis qism ke logon ko yih árzah ziyádah tør láhaq hotá hai ?

Kaunsí alámateñ marz saktah men námubárak hotí hain ?

Saktah aur ghashí aur khwáb men kyunkar tamíz kar sakte hain ?

Kyá iláj karná cháhiye ?

Agar insdád pesháb ķhalal gurdah se paidá ho, aur uske sabab se saktah ho jáwe, to kyá iláj karná cháhiye ?

Agar kisi ko saktah ratúbat se howe, to uskí kyá shakl hotí hai ?

Saktah jo ratúbat se howe uská kyá iláj karná cháhiye ?

#### APHTHÆ OR THRUSH, YANE CHHÁLE MUNH KE.

*Alánaten.*—Is marz men múlh aur hoṇṭou aur kalloñ aur Zubán aur hajábulhanak men chhále par játe hain, balki jild men tálú ke, aur lauztín aur halq men ho játe hain.

Yih marz aksar bachchoñ ko láhaq hotá hai, lekin bárhá jawánoñ ko bhí ákhír kohnah bímáriyoñ ke aur ákhír bímári-i-sil men hotá hai, múlh aksar jaltá rahtá hai, aur bachchá chirchirá aur bechain rahtá hai, aur shakl zaķhm kí mánind sused dágħ ke hotí hai, khwá dágħ munfarid khwá mujtime úpar muqámon ratúbat paidá karnewále múlh aur halq ke hoṇ. Dar súrat munfarid hone dágħoñ ke chand chhále andar kí taraf píchhe tale ke hoṇt ke aur masúroñ men yá Zubán par paidá hote hain, aur dar súrat mujtimá hone ke kalle unse bilkul ḥħak játe hain, yá yih áblah halq kí taraf phailte hain. Aksar tím chár din ke aṣsəħi men bäd paidá hone ke chhále khushk hokar chhilke hojáte hain, agar yih chhilke peñ men utar jáwen, to medeh aur antariyon men báis kharásh aur ázár ke hote hain, aur yih khiyál kiyá gayá hai ki yih bímári khud in muqámon men in chhilkoñ ke sabab phailtī hai.

Jab tak ki yih dágħ mudawwir aur sused rahte hain, aur jald taraqqí karte hue nahín malúm dete, aur bachche kí táqat bhí nahín għaġġi, to aisi súrat men jagħi andeshah kí nahín hai, lekin jis hál men unkí hyyat men tabaddul páyá játá hai, is tarah par ki siħat men ķhalal andáz ho, yá yih ki chhále halq kí taraf phail jáwen, to is súrat men albattah jagħi andeshah kí hai.

*Treatment.*—When aphthæ are merely a local affection, they may often be quickly removed by local means alone, paying attention to the state of the health, particularly the condition of the bowels. A mild laxative will often remove the disease at once. When diarrhoea occurs, great attention must be paid to the state of the bowels, and support the strength when it begins to fail, particularly when the aphthæ assume an unhealthy aspect. Regulating the diet, or changing the nurse, attention to cleanliness, the occasional use of the warm bath, change of air, are essential in protracted cases, or when the aphthæ are prone to recur.

The local application of a solution of borax in the first instance and that of alum subsequently is the usual treatment. When the aphthæ are few or very irritable, touching them lightly with the nitrate of silver will best dispose them to heal, and lessen their sensibility; in more protracted cases, great benefit is sometimes derived from a linctus of sulphate of copper.

In adults, gargles composed of the chlorides of soda or lime, diluted with six or eight times their weight of water, frequently change the appearance of the mouth almost immediately.

#### *Questions.*

Describe the disease aphthæ ?

What are the usual symptoms of aphthæ ?

What class of patients usually labour under this disease ?

How long does the process take for its completion ?

What effect has it on the child, when it swallows these crusts ?

What constitutional treatment is to be followed in this disease ?

What local treatment should you adopt ?

What treatment should follow when adults suffer from this disease ?

#### ASTHMA.

*Symptoms.*—In this disease, there is a spasmotic affection of the organs of respiration, situated lower down than the larynx. It is preceded by languor, flatulency, headache, and a sense of fulness and straitness about the lower part of the chest. During the invasion of the spasmotic form, which generally occurs during the first

*Maqljah.*—Jab ki chhále sirf muñh hí men hon, to wuh dawá lagáne se jaldí rafá ho sakte hai, magar khyál taraf hál sihat aur antariyon ke cháhiye, jab ishál wáqá ho to niháyat liház antariyon ká cháhiye, aur jab ki táqat maríz kí ghaṭne lage, to uská sañbhálná zarúr hai, khasúsan jis súrat men chhále aisá zor pakar jáwen ki sihat men khalal áe, durust karná ghizá ká, aur badalná anná ká, aur khyál rakhná taraf safáí ke, aur naháná garm pání se, aur tabaddul hawá par zarúr hai, jab ki bímári muddat kí ho jáwe, yá chhále achcbhe hokar əud kar áwen.

Lagáná ghule hue suhágah ká ibtidá men, aur phiṭkirí ká bádhu māmúlí iláj hai. Jab ki chhále kam hon, yá bahut dard dete hon, to chherná nitrate of silver ká unko achchhá karne par le áwegá, aur dard men takháf kar degá. Agar bímári muddat kí ho gaí ho, to linctus níle thothe ká niháyat fáidah baķhshegá.

Jawán ádmiyon ko ghargharah banáyá huá chlorides soda, yane sajjí ká, yá lime, yane chúnah ká, jismen chhah yá áth miqdár dawá se pání ziyádah howe, aksar hyyat muñh kí fauran badal detá hai.

### Sarúldá.

Bímári aphthæ, yane muñh ke chhálon ká hál bayán karo ?  
Mamúlí álamaten chhálon kí kyá hai ?  
Kinko yih bímári aksar láhaq hotí hai ?  
Kitne ársah men chhále hokar khuskí par áte hai ?  
Jab ki bachchá chhilkoñ ko nigal játá hai to kyá asar paidá hotá hai ?  
Kyá aslí iláj karná cháhiye is bímári men ?  
Kyá muñh men lagáná cháhiye ?  
Kyá iláj karná cháhiye jab ki jawán is marz men mubtílā hon ?

### ASTHMA, YANE DAMÁ.

*Alámaten.*—Is bímári men un putthon men jo ki níche hanjra ke hai, aur jinke sabab se dam átá hai tashannuj hotá hai, qabl az wáqá hone daure is marz ke sustí aur nafkh aur dard sir hotá hai, aur níche kí taraf chháti ke bojh aur rukáwañ aksar auqát barwaqt sone ke malúm detí hai, bímári yakáyak sote sote jág uṭhtá

sleep; the patient suddenly awakes as if from suffocation, and eagerly assumes the erect posture, sometimes vomits, breathing and wheezing laborious and loud; countenance haggard and anxious; becomes bloated; eyes prominent and ejected; pulse hurried, small and feeble, irregular and sometimes intermittent; speaking, coughing and expectoration very difficult. Its humoral form is attended with a copious secretion of mucus from the commencement; the disease is unaccompanied with fever. You will distinguish asthma from hydrothorax thus: in the former, if you strike all over the chest, you will have a clear loud sound, which you have not in the latter, if the cavity be filled with water.

**Treatment.**—During the fit, if the patient is young, robust, and very plethoric, and the paroxysm be severe, bleeding may afford relief. Narcotics and antispasmodics have been found useful, more particularly in the pure nervous form. Smoking stramonium either by itself, or combined with tobacco alone, has proved very beneficial. Great relief is obtained when expectoration ensues. Very strong coffee has been found useful during the fit. After the fit is over, you should remove all symptoms of dyspepsia, by combining aperients and carminatives. Cold sponging the chest with vinegar and water twice a day, has sometimes afforded wonderful relief.

#### *Questions.*

How many forms of asthma are there, and what are they called?

What are the symptoms of asthma?

How do you distinguish asthma from hydrothorax?

What treatment would you adopt during a fit of asthma?

When the fit is over, what more would you do?

Is there any peculiarity attending the humoral form?

hai, is taur par ki goyá dam ruk gayá aur sídhá ho baihtá hai, baze waqt qai átí hai, aur dam klinchkar áwáz ke sáth aur diqqat se átá hai, chahrah badnumá aur pareshán aur bhamráyá huá mä-lúm hotá hai, áñkhen barí aur ubhrí húí hotí hain, aur nabz men ghabráhať aur báríkí aur zauř aur nádurustí hotí hai, aur baze waqt Intermittent, yane nabz chaltí hai, aur baze waqt nahín chaltí, aur bolná aur khánsná aur khankár ke thúkná bahut dushwár hotá hai, agar yih marz ratúbat se wáqá howe to kaf baifrát shurú daurah se nikaltá hai, is bímrí ke daurah men bukhár nahín hotá.

*Mađjah.*—Is marz kí naubat men agar mariz jawán aur qawí aur bahut damwí Mizáj howe, aur daurah bashiddat howe, to khlún lene se bahut ifáqah hotá hai, adwiyat khlubábawar aur dásá tashan-nuj bahut mufid hotí hain, khasúsan jabki yih marz putthon ke khalal se wáqá howe, píná dhatúrah ká tanhá yá basharáqat tam-bákú ke, yá sirf tambákú luqqali men aksar bahut fáidah baķsh huá hai, aur kaf nikalne se bhí bahut fáidah hotá hai, tez baná huá qahwah darmiyán daurah is marz ke fáidahmand hai. Béđ mauquſ hone daurah ke rasá karná tamám alámaton badhazmí ká bazariāh shamul adwiyah muhallil aur dásá riyáh ke cháhiye, tar karná chháti ká bazariāh sponge ke áb i sard aur sirke se din men do dasá badarjah kamál mufid líuá hai. Farq darmiyán asthmá, (yane damá), aur hydrothorax, yane us marz ke jiske sabab chháti men pání bhar játá hai is taur par kiyá játá hai, pahlí súrat men agar tamám chháti ko thapken to ek sáf aur zor kí áwáz niklegí, aur dúsri súrat men jabki chháti men pání bhará huá hai, thapakne se yih bát nahín pái jánc kí.

### Sawálát.

Kui qism ká damá hotá hai, aur uská judá judá nám kyá hai ?

Kyá alámatey damá kí hotí hai ?

Tum damá aur hydrothorax men kyúñkar farq kar sakte ho ?

Kyá khás bát hotí hai us dumá men jo basabab ratúbat ke wáqá hotá hai ?

Darmiyán daurah damah ke kyá mađjah karná cháhiye ?

Jabki daurah khatam howe to uske béđ kyá tadbír karná cháhiye ?

## BRONCHITIS; INFLAMMATION OF THE BRONCHIÆ.

This disease may either be acute or chronic.

*Symptoms.* Of the acute form.—This disease usually succeeds a common cold, commencing sometimes by inflammation of the tonsils and fauces, extending to the lining of the larynx, and thence downwards to the trachea and bronchi: at other times the inflammation begins in the bronchi, especially in those whose lungs are susceptible. At first there is a feeling of roughness in the windpipe, which occasions frequent attempts to clear the throat, and is much increased by talking. There is generally more or less hoarseness, with a tight feeling across the chest, often amounting to pain. Signs of fever are usually now felt, such as lassitude, cold shiverings, pain in the limbs and quick pulse, and expectoration of a thin fluid, having a saline taste. As this expectoration becomes thicker, and more abundant, the symptoms become more ameliorated. The tightness across the chest is diminished or removed, the pulse becomes less frequent, the skin perspires freely, the urine becomes copious, and deposits an abundant sediment. In favourable cases, the disease declines between the fourth and eighth day. In severe cases the symptoms are much more aggravated; the patient complains of headache, particularly over the eyes, sickness, and loss of appetite; the tongue is foul, and the urine scanty and high coloured. The dyspnoea is urgent, particularly at night, and the tightness and pain in the chest aggravated by cough. The pain in the chest is generally under the sternum, and is more obtuse than the pain of pleurisy; the pulse is hard and quick. The expectoration is scanty at first, and afterwards becomes copious; it is glairy, frothy, sometimes streaked with blood, and its evacuation affords but little relief to the cough or breathing. In some cases, a state of collapse very rapidly takes place; the pulse becomes very weak, frequent and often irregular, the countenance pallid and expressive of great anxiety, and often covered with a cold sweat; the strength is wasted by efforts to relieve the lungs of the accumulation of mucus, but the cough becomes less and less effectual to remove it,

## BRONCHITIS; YĀNE WARM ƏRUQ KHISHNAH.

Yih marz do tarah ká hotá hai, yá to acute, yané shadíd, aur chronic, yané kohnah.

*Alámatey.* Marz shadíd kí.—Yih árzah aksar auqát bád zukám ke láhaq hotá hai, aur ibtidá men baz martabah lauzaten aur halaq men warm ákar hinjrah men phail játá hai, aur yahán se taraf qasbatahulriyáh aur aruq khishnah ke rujú kartá hai, baz auqát warm khishnah hí men shurú hotá hai, khasúsan un logon ke jinké pheprah men khalal hotá hai. Ibtidá men halqum men náhamwári aur durustí malum detí hai, jiske rafá karne ke wáste ádmí aksar khankártá hai, aur yih náhamwári báten karne se bahut ziyádah hotí hai. Aksar marízon ko kam o besh giraftgí áwáz aur tangí chhátí men hotí hai, jiske sabab dard sá malum detá hai. Is mauqa par ásár bukhár numáyán hote hain, maslan sustí aur phureriyán, aur dard azá, aur tezí nabz, aur nikalná namkín raqíq kaf ká. Jis qadar yih kaf ghalíz hokar ifrát se nikaltá hai, usí qadar ásár is marz ke nek malum dete hain. Tangí chhátí kí kam yá rafá hojatí hai, nabz men pahlí sí tezí nahín rahatí, aur badan par pasiná baikhúdí, aur pesháb khulkar átá hai, aur pesháb men bahut dard baiṭh játá hai. Jis súrat men yih marz khafif hotá hai, to chauthé roz se áth-wen roz tak ghaṭ játá hai, aur dar súrat shadíd hone is árzah ke ásár marz bahut ziyádah hote hain; maríz ko dard sir kí shikáyat hotí hai, khasúsan áñkhoñ ke úpar, aur dil matlátá hai, aur ishtahá játí rahatí hai, aur Zubán ghalíz rahatí hai, aur pesháb thorá thorá aur surkh átá hai. Dam chayhtá hai, khasúsan rát ko, tangí aur dard chhátí ká khánsí ke sáth ziyádah hotá hai; aur yih dard aksar tale chhátí kí haqqí ke hotá hai, aur us dard kí nisbat jo ghishái-ul-riyah men hotá hai kamtar hotá hai; nabz men salábat aur sarat pái játí hai, aur ibtidá men balgham kam aur bádah ifrát se nikaltá hai, aur chapchapá aur kasdár hotá hai, aur baz auqát surkhí khún usmen numáyán hotí hai, aur uske iጀhrí se khánsí aur dam chayhne men kuchh farq nahín partá. Baz marízon ko bahut jald naqáhat ho játí hai, aur nabz niháyat zaíf aur beqáidah par játí hai, aur chayrah par zardí aur niháyat áshustgí záhir hotí hai, aur thanqá pasiná chayrah par aksar átá rahtá hai, aur chúnki maríz wáste rafá karne balgham ke jo ki pheprah men jama hotá játá hai koshish se khánpastá

whilst the wheezing and audible rattle in the bronchia increase. Lividity, delirium, and suffocation ensue from the circulation of black blood in the system, and the patient dies. In these severe cases, death often ensues in two days.

The disease may arise from the application of cold to the surface of the body, particularly when conjoined with moisture, as for instance, by wearing damp clothing, or exposure to a cold, moist, variable atmosphere, especially after the body has been heated by exercise, crowded rooms, &c.

Irritating gases and vapours may excite inflammation of the bronchial membrane; but this soon passes away. Some of the acute eruptive diseases occasionally cause a very severe form of bronchitis. An attack of gout in those predisposed to bronchial inflammation, has been known to cause it.

Bronchitis may be distinguished from pneumonia by the nature of the expectoration, which, although in severe cases it is often viscid, is less so than in pneumonia, and wants altogether that rusty tinge so characteristic of the latter disease: it is also distinguished by the clear sound on percussion of the chest and the absence of the "crepitant rhoncus" or broncophony. From pleuritis, the clear sound on percussion is sufficient to separate it.

The prognosis in acute bronchitis must depend on the extent of the disease; when slight, and without much dyspnoea or fever, it may terminate in from six days to three or four weeks, and its disposition to pass off is always indicated by the expectoration becoming opaque and thick, and gradually diminishing in quantity. This change is always observable in the mornings, the evening exacerbation restoring the thin glairy character to the sputa. A relapse is marked by the expectorated matter becoming again transparent and glairy, and this is always accompanied by an increase of the cough and other symptoms.

hai us men uskí táqat záil ho játí hai, aur khápsná wáste dúr karne balgham ke darjah badarjah kam muassar hotá játá hai, aur rukná dam ká aur bolná ghúngaro ká ziyádah hotá játá hai, aur is hál men basabab daurah siyáh khún ke rang nílgún ho játá hai, aur bahakná aur ghuṭná gale ká paidá hotá hai, aur maríz aise hál tashaddud men aksar do din ke ərsah men tamám ho játá hai.

Itsál barúdat satah jism par khasúsan ussúrat men ki barúdat ke sáth ratúbat bhí ho, maslan pahanná nam kaproñ ká aur khulá rah-násámne sard aur nam aur badalnewálí hawá ke, khasúsan us hálat men ki mashaqqat aur riyázat ke sabab badan men garmí á gaí ho, aur aise makán jis men bahut bhír ho, aur aisí aisí aur chízen báis paidá karne is bímrí kí hotí hain.

Aisí hawáon aur bukhárát se bhí jinse dháns ughtí hai pardah arúq khishnah men waram ajátá hai, magar jald rafṣ ho játá hai. Basabab baze báhar nikalnewále marzoñ ke góhe góhe yih marz niháyat sakht tarah ká paidá hotá hai, aisá bhí huá hai ki báas líhaq hone got yane niqras ke aise shakhson ko jin men medeh waram arúq khishnah pahle se manjúd thá yih marz áriz ho gayá hai.

Tamíz darmiyán is marz aur pneumonia, yane waram pheprah ke hyyat balgham se kí játí hai, kyúñki agarchah shiddat men is marz ke bhí balgham górla aur chaspán hotá hai, magar us balgham se jo ki marz pneumonia men nikaltá hai kam ghalíz hotá hai, aur usmen zangári rang jo ki waraṁ pheprah ká asal nishán hai nahín páyá játá, shanákht is marz kí yih bhí hai ki agar chháti ko thapken to ek áwáz sáf paidá hotí hai.

Agar yih marz shadíd honewálá hotá hai to alámateñ bhí uskí ziyádah hotí hain; jabki yih marz khafí hotá hai, aur uske sáth dam ká chaṛhná aur bukhár shiddat se nahín hotá to chhaṭe roz se tíñ yáchár haftah ke ərsah men játá rahtá hai, aur muqarrarí ásár uske záil hone ke yih hain ki balgham shafáf aur raqíq nahín rahtá, aur batadríj kam hotá játá hai. Yih tabdil subah ke waqt musháhidah kiyá játá hai, kyúñki ásár bukhár jo shám ko ziyádah hote hain, balgham men phir riqqat aur shafáfi paidá karte hain. Aud karne is marz kí shanákht yih hai ki balgham phir shafáf hotá hai, aur uske sáth hameshah khápsi aur alámateñ is marz kí ziyádah ho játí hain.

In severe cases where the dyspnoea is great and unremitting, and particularly where the fever was high in the beginning, and if the acute symptoms have yielded to the state of collapse, accompanied with extreme anxiety of the pallid countenance, and a slight appearance of lividity, announcing asphyxia with little or no respiratory murmur heard on the application of the ear or stethoscope to the chest, there is direct evidence of impending dissolution.

*Treatment of Acute Bronchitis.*—In slight cases, the patient should take a powder containing five grains of calomel, and five grains of James' or ipecacuanha powder at bed time, followed up in the morning with a brisk purge of salts and senna. Perspiration should be induced by placing the feet in hot water, and then getting into a warm bed, and well covered up. If perspiration comes on, and the purgative operates well, the disease is generally cured at once, and it is only necessary to remain at home, and to abstain from animal food and wine the next day to prevent a return. If however perspiration does not come on, the disease generally proceeds; he may then take the following mixture, which will facilitate expectoration, and relieve the cough: Ten minims of the tincture of squills, thirty minims of ipecacuanha wine, and eight minims of liquor potassæ, given three or four times a day in a little rice water. Should nausea be produced, the dose may be diminished, and if the cough is still troublesome at night, he may take ten grains of the extract or thirty drops of the tincture of henbane in any bland fluid. If however the case should be obstinate, the chest may be rubbed with an ointment composed of one part of tartar emetic, and two parts of simple ointment; this will bring out a copious crop of pustules, and will probably cause the cough to become loose, and the expectoration easy. Towards the termination of the disease, when all the febrile symptoms are gone, animal food and wine may be indulged in with impunity and even with advantage.

In severe cases, however, the treatment should be more energetic. From sixteen to twenty ounces of blood must be taken from the arm, and be repeated in a few hours if the pulse is not subdued. Should the pulse be weak, or if the patient is advanced in life, local bleeding by leeches or cupping over the chest must be substi-

Hálati tashaddud men jabki dam baghair waqfah ke khinchkar átā hai, khasúsau jabki ibtidá men bukhár bashiddat ho chuká ho, aur jis súrat men basabab alámaton shadíd ke maríz niháyat zaif aur past ho gayá ho, aur chahrah zard aur áshustah aur nílgún howe, jiuse záhir hotá hai ki nabz aur dil harkat nahín karte, aur agar básabab lagáne kán yá álah stethoscope ke chhátí par áwáz chalne sáns kí namalum dewe, in báton se sáf záhir hotá hai ki marg men kuch waqfah nahín rahá.

*Maáljah.—Shadíd marz warm khishnah ká.*—Dar súrat khafíf honie is marz ke maríz ko páñch grain calomel yáne kushtah párah mah páñch grain James' powder yá ipecacuanha powder sote waqt dewen, aur subah ko tez julláb senna aur salt yáne namak ká piláwen. Wáste láne paínah ke panw garm pání men rakhe jáen, aur bádhú maríz ko garm bichhaunoy men litá kar khúb kapre se dhak dey. Agar pasíná ájátá hai, aur julláb khátir khwá apná ámal kartá hai, to marz ká aksar nám o nishán bhí báqí nahín rahtá, aur maríz ko faqt itná zarúr hotá hai ki báhar na nikle aur gosht na kháwe aur sharáb na píve, taki marz dúsre din áud na kar áwe. Jis súrat men pasíná nahín átá to aksar hotá hai ki marz ziyálah ho játá hai; aise mauqá par nuskhai zail balgham ko baásání khárij karegá, aur khánsí men ifáqah ho jáwegá: das qatrah tincture squills ke aur tís qatrah ipecacuanha wine aur áth qatrah liquor potassæ ke tín yá chár dasa din men cháwal ke pání ke sáth dewen. Agar dil matláwe, to is dawá ko kam dewen, aur agar khánsí is par bhí rát ko taklíf detí ho to das grain extract yá tís qatrah tincture henbane ke kisí latif ashurbah ke sáth dewen. Agar is par bhí marz men farq na pare, to ek hissah marham tartar emetic, aur do hissah marham sádah ke shámil karke chhátí par maleñ, isse phunsiyán ifrát se nikal áwengí, aur balgham bahut phat kar baásání niklegá. Barwaqt khatam houe is marz ke, jabki ásár bukhár ke záil ho jáwengí, khána gosht ká aur istamál sharáb ká kuchh khalal nahín karneká, balki fáidah baikhshegá.

Tashaddud marz men iláj isse blí ziyádah saķht karná cháhiye, yáne solah ounce se bíz ounce tak bazariñ fasd háth ke khún liyá jáwe; aur agar nabz men zauf na ájáwe, to chand ghantron ke bád fasd do bárah karní zarúr hai, aur agar nabz men zauf aur maríz umr rasídah ho to chhátí se biliwaz fasd ke bazariah

tuted. Cupping is to be preferred, as its effect is more speedy and within control. Where the inflammation is high, the following powder should be given: calomel five grains, ipecacuanha powder three grains, jalap fifteen grains, followed up in four hours, with the following mixture.

Liquor ammoniæ acetatis, two ounces.

Magnesia sulphas, one ounce.

Tartar emetic, two grains.

Camphor mixture, six ounces.

Of this a small wine-glass full should be given, and repeated every three or four hours. When the inflammation is subdued, the dyspnœa and cough will be relieved giving three or four times a day, eight or ten drops of antimonial wine in a little ricc water, diminishing or discontinuing the digitalis, if the pulse becomes intermittent. Should the dyspnœa continue, the tartar emetic solution should be increased to the extent the stomach can bear short of vomiting. Calomel and opium combined, and given in frequently repeated doses, are also sometimes highly beneficial, especially if the complaint is complicated with hepatic disease. Great relief will now be obtained by rubbing in the tartar emetic ointment. In the collapsed state, the patient should have stimulating expectorants, the best of which is thought to be full doses of the carbonate of ammonia, mixed in an infusion of the "lobelia inflata," if it can be procured, in the following proportions.

Infusion of lobelia inflata, one ounce.

Carbonate of ammonia, ten grains, every four or five hours.

As yet, nothing is known that will obviate the bad effects of black blood in the system.

In acute bronchitis, the diet must be very simple, avoiding animal food, smoking, wine, and spirituous liquors. Farinaceous and milk diet is the best to be adopted; but as the disease wears out, animal food in small quantities may be given, and the strength supported by the bitter infusions of gentian, chiretta, or cinchona bark. Sudden transitions of temperature and improper clothing must be strictly avoided.

jonkon ke khún lewen. Síngiyán jonkon se bahtar hain, kyúñki unká asar jald hotá hai, aur ikhtiyár men bhí hain. Jis súrat men warm ziyádatí par howe, to safús-i-zail dená cháhiye, calomel pánchez grain, aur ipecacuanha powder tím grain, aur jalap pandrah grain, aur bäd iske chár ghanṭe ke ársah men mixture

Liquor ammoniæ acetatis, do ounce,  
Magnesia sulphas, ek ounce, aur  
Tartar emetic, do grain, aur  
Camphor mixture, chhah ounce, diyá jáwe.

Aur usko is men se bamiqdár chhoté wine glass ke tím yá chár ghanṭe ke bäd dete rahan. Jab ki warm ghat jáwegá to dam ke chárne aur khánsí men takhfís ho jáwegí ki iske bäd tím yá chár martabah ek din men áth yá das qatrah tincture digitalis ke, aur tís qatrah antimonial wine ke thorę se cháwal ke páni men den, aur agar nabz betartib howe to digitalis ko kam yá mauqíf kar den. Agar chárhná dam ká járí rahe, to tartar emetic solution ziyádah kiyá jáwe, magar itná ki medeh jhel le, aur qai na áwe. Aksar dená calomel kí milákar opium ke síth báz auqát bahut mufid huá hai, khasusan jab ki is marz ke sáth khalal jigar bhí huá hai. Is hálat men malná marham tartar emetic ká bahut mufid hotá hai. Hálat zauf men maríz ko adwiyah muharrik jo dáfa balgham hoṇ dení zarúr haip, in adwiyah men se dená carbonate of ammonia ke sáth infusion of lobelia inflata ke bahtar jánté hain, bashartiki yih ákhir kí dawá dastiyáb ho sake, aur wazan in adwiyah ká yih hai.

Infusion lobelia, ek ounce.

Carbonate of ammonia, das grain, chauthé yá páñchwen ghanṭah dete rahan.

Jo ki ab tak kuchh khabar nahíp hai ki kaunsi bát se asar bad daurah siyáh khún ká jo is marz ke sabab jism men hotá hai nahíp honcká.

Isliye pur zarúr hai ki ghizá sádi howe, aur gosht aur huqqah waghairá aur sharúbon se parhez rahi. Ghizá quwwat baikhsh aur patle dúdh men milákar dení bahut bahtar hai, lekin chúnki marz áp tanazzul par hai, gosht thorá thorá dewen, aur táqat maríz kí bazariyah bitter infusion of gentian yá chiretta yá cinchona bark ke bahál rakhní cháhiye. Yekáyek badalne áb o hawá se aur pa-hanne námunasib kapron se nihayat ahtiráz zarúr hai.

## CHRONIC BRONCHITIS.

This disease is most common in advanced life; in its severer form it is accompanied with dyspnoea, occasional pain in the chest and about the heart, some febrile symptoms, especially towards evening, palpitation, and disorder of the digestive functions. The cough is sometimes very severe, especially at night, and the expectoration copious; and if these persist long, they seldom fail to waste the body and reduce the strength. The expectoration generally consists of a greenish white mucus; sometimes it is purulent and streaked with blood, and occasionally it is pure pus. In such cases there is generally a quick pulse and signs of hectic, and the disease terminates fatally, with night sweats, emaciation, diarrhoea, and all the common symptoms of pulmonary consumption.

The worst cases are usually those which succeed to repeated or severe attacks of acute bronchitis. Chronic bronchitis when occurring in early life, generally follows hooping cough, measles, small-pox, or some cutaneous eruption. Individuals following certain trades are often affected with it, such as cotton cleaners, stone cutters, and leather dressers, the disease being excited by the habitual inhalation of air loaded with dust.

**Treatment.**—Except in cases of a temporary increase of pulmonary congestion, or aggravation of inflammation, blood-letting is not admissible in the chronic form of the disease. Counter-irritation by Tartar emetic ointment may, if required, be employed for months together, and will afford very great relief, assisted by expectorants. The following may be administered four or five times a day.

Powdered ipecacuanha, one grain, or of the  
Ipecacuanha wine, twenty minims.  
Tincture of squills, ten minims.  
Tincture of digitalis, five minims. .  
Tincture of opium, five minims.

**CHRONIC BRONCHITIS, YANE KOHNAH WARAH  
ARUQ KHISHNAH.**

Yih marz nihāyat aksar umar rasīda logon ko wāqā hotā hai aur hālat shiddat men dam chāṛhtā hai, aur kabhī kabhī dard chhātī men aur qarib dil ke hotā hai. Bāz ásār bukhār ke khasus-sān sbām ke waqt numāyān hote hain, aur dil dhāraktā hai, aur tāqat hāzmah men farq parjātā hai. Khānsī bāze waqt nihāyat shiddat se hotī hai khasūsan rāt ko, aur balgham ifrāt se nikaltā hai, aur agar yih bāten bader jārī rakhie hain to hamesha jism ko naqīh aur tāqat ko ghatā dete hain. Aksar balgham suseb sabzī liye hue aur lasdār hotā hai, aur bāze waqt usmen pīb aur surkhī khūn kī bhī numāyān hotī hai, aur kabhī aisi hotā hai ki bilkul pīb bī nikaltī hai, in sūraton men nabz aksar tez raftār rahtī hai, aur ásār tap-i-diq ke numāyān hote hain, aur ákhir ko rāt ke waqt pasinā áyā kartā hai, aur badan naqīh ho jātā hai, aur dastāne lagte hain, aur tamām ásār sil ke numāyān hote hain, aur mariz halāk ho jatā hai.

Yih marz nihāyat bad us sūrat men hotā hai ki bād mu-karrir aur shadid hanlon waram aruq khishnah ke wāqā howe, laṛakpan men yih marz aksar ainqāt bād hooping cough yānc kúkar khānsī yā measles, yānc husbeh, aur small-pox yāne sītlā, yā aur iqṣām ke dāno ke jo jild par ho jāte hain láhaq hotā hai. Bāze peshewar bhī misl dhunion aur sangtarāshon aur chamrā sāf karnewalōn ke aksar is marz men mubtilā hote hain, basabab iske ki hawāc garl ghubbār-i-ālūdah sāns ke sāth unkī chhātī men jātī hai.

*Mādījah.*—Siwa in do sūraton ke, ki yā to us mawād men jo phepre men jamā hai ziyādatī ho jāwe yā waram taraqqī pakṛe, lenā khūn kā is marz men jáiz nahīn. Agar counter-irritation kī hájat ho to istāmal uskā bazariāh marham tartar emetic ke mahīnoñ karnā chāhiye, kyunki yih bahut fāidah baikhshegā aur uskī madad ke liye adwiyah dāṣā balgham denī chāhiyen, adwiyah zail din men chār yā pāñch dāṣā hamrah chāwal ke panī yā áb-i-jau ke jo bamiqdār ek wine-glass ke ho dijāwen.

Powder ipecacuanha, ek grain.

Yā dawā marqūm-i-balā ke ɭwaz ipecacuanhā wine, bīs qatrāh.

Tincture of squill, das qatrāh.

Tincture of digitalis, pāñch qatrāh.

Tincture of opium, pāñch qatrāh,

in a wine glass full of barley or rice water; care being taken to watch the action of the digitalis, both on account of its effects on the circulation, and its tendency to disorder the stomach and bowels. The same remarks apply to the colchicum.

When dyspnœa is very violent, from five to ten grains of the carbonate of ammonia may be given, in camphor mixture, every hour, according to its effects. When the cough is very violent, the extract of conium in doses of five grains three or four times a day has afforded great relief. The dose may be increased until it produces some giddiness, tremor, nausea, or a heavy sensation and tightness in the forehead. It is advantageous to combine it with ipecacuanha.

The state of the bowels should be watched, and if aperients are indicated, the following pills may be taken.

Powdered aloes,               $\frac{1}{4}$  of each half a drachm.  
 Extract of colocynth,  
 Gum assafœtida, forty grains.  
 Powdered ipecacuanha, twenty grains.

The whole to be thoroughly mixed, and made into twenty-four pills, of which two or three may be taken as required. Should the disease be complicated with a disordered liver, then alterative doses of blue pill, or the compound calomel pill are indicated. Should the disease have extended to the mucus membrane of the stomach and bowels, it must be relieved by leeches and blisters to the epigastrium, castor-oil, warm baths, and the most rigid regulation of diet, discontinuing of course all the stimulating medicines which had been previously ordered for the bronchial disease at first. When the gastric disease has been subdued, the former medicines may then be repeated. The diet in all cases should be mild and simple, consisting chiefly of farinaceous and milky food. Wine, beer, or spirits are to be strictly forbidden.

The body should be daily sponged with cold salt water or vinegar and water, and then rubbed thoroughly dry. Flannel should be worn next to the skin, and all unnecessary exposure to the cold

Magar baliház digitalis ke yih Ḳhyál rakhná cháhiye ki dauro khún men usne kyá asar paida kiyá aur medeh aur antariyon men kuchh Ḳhalal to nahín huá, aur yihí Ḳhyál darbáb dawá-i-colchicum ke bhí rahe.

Jis súrat men dam bashiddat charhtha ho to carbonate of ammonia pánch grain se das grain tak jis qadar asar kare sáth camphor mixture ke bád har ghanṭe ke den. Jis hál men khánsí kí shiddat howe to dená extract of conium bamiqdár pánch grain ke din men tím chár dafá bahut fáidah bakhshtá hai, is dawá ko ziyáda kar sakte haiŋ jab tak ki sargardání aur larza aur málish-i-dil yá bojh aur tangí peshání men paidá kare. Agar is dawá ke sáth ipecacuanha shámil karen to bahut fáidah hotá hai.

Antariyon kí hálat par tawajjah cháhiye, aur agar aísí adwiyah ke jo gúnah dastáwar hain zarúrat ho to goliyon mufassil-i-zail ká istamál karen.

Powder of aloes,

Extract of colocynth, yane roobe hinzul, } harek ním drachm.

Gum assafetida, chális grain.

Powdered ipecacuanha, bís grain.

Tamám in adwiyah ko khúb makhlút karke chaubís goliyán baná len, jin men se do yá tím bawaqt hájat ke kháwen. Agar is marz ke sáth jigar men Ḳhalal howe to istamál tartíb dihandah muatád alterative doses of blue pill yá compound calomel pill, yane murakkab goliyon calomel ká karná cháhiye, agar bímári taraf pardah medeh aur antariyon ke phail gaí howe to bazariḥ lagáne jonkon aur blister ke epigastrium, yane sadar men aur bazariḥ castor oil, yane arandí ká tel aur garam páni se naháne aur niháyat sakht parhez ke uská rafa karná pur zarúr hai, aur wuh maharrik adwiyah jo waram aruq khishnah ke wáste ibtidá men tajwíz kí thín unko ek qalam mauqús karná cháhiye aur jab ki amráz-i-medeh rafa ho jáwen to pablí adwiyah ká phir istamal karen. Ghizá baharhál naram aur sádí howe aksar patlí aur shír ámez. Istamál iqásam sharáb ká, misl wine, beer yá spirits ke niháyat mamnú hai.

Jism ko sard aur namkín pání se yá sirke aur pání se har roz bazariḥ sponge ko tar karen aur bád azán malkar bulkul Ḳhushk karen, aur párchah flannel jism se lagá huá pahneg, aur

damp air to be carefully avoided. Change of air has often cured the disease, when all other remedies have failed.

*Questions.*

What are the symptoms of acute bronchitis ?

Name some of the causes that may give rise to the disease ?

How would you distinguish acute bronchitis from pneumonia and pleuritis ?

On what should your prognosis of the disease depend ?

What treatment would you adopt in acute bronchitis ?

What are the symptoms of the chronic form of the disease ?

What treatment should you adopt in chronic bronchitis ?

**CHLOROSIS; OBSTRUCTED MENSTRUATION.**

There are two varieties of this disease, viz. the Acute or Accidental, and the Chronic.

*Symptoms* of the acute form.—This generally depends upon the application of cold, which produces fever, and thus arrests the discharge. There is pain in the head, back and loins, and all the limbs.

*Treatment*.—Bleed, and give a purge of rhubarb, afterwards give saline draughts every five or six hours, with sufficient antimony in them to keep up nausea; five or six drops of laudanum may be added to each draught. Should there be severe pain in the womb, with sickness or hysteria, you should administer an injection, consisting of one drachm of laudanum, half a drachm of camphor, two drachms of tincture of assafœtida, and two ounces of thin rice-water. The patient should sit in warm water, and have her abdomen well fomented, then well dried, and put into a warm bed, and the discharge will then probably soon return. If it however does not return before the usual time of its cessation, it then becomes a chronic obstruction.

Of the chronic form of obstruction, there are two varieties, one arising from plethora, and the other from debility.

*Symptoms* of the chronic form, arising from plethora. The whole system looks as if loaded with blood; the pulse is hard, full, strong,

sámhne rahne se hawá-i-martúb ke niháyat parhez cháhiye. Tabaddul hawá se yih marz aksar játá rahá hai jab ki dawáey kuchh muassir nahín huin.

### *Sawálát.*

Alámateñ acute bronchitis kf kyá hain?

Byán karó nám chand sababon ká jinse yih bímrí paidá hotí hai?

Acute bronchitis se pneumonia aur pleuritis ko tum kyunkar alih-dá tamíz kar sakte ho?

Prognosis bímrí ko tum kyunkar muqarrar kar sakte ho?

Acute bronchitis ká tum kyunkar iláj kar sakte ho?

Chronic bímrí kí alámateñ kyá hain?

Chronic bímrí ká iláj tum kyunkar kar sakte ho?

### **CHLOROSIS; YANE INSDÁD HAIZ.**

Is marz ki do qismen hotí hain, ek to acute yane shadíd, aur dusrá kohnah.

*Alámateñ*.—Shadíd insdád haiz ke. Aksar babais ittasal barúdat ke bukhár ájátá hai jiske sabab se haiz nahín hotá. Is marz men sir aur kamar aur chedon aur tamám azá mendard rahtá hai.

*Maqljah*.—Khún lewen aur mushil rhubarb yane rewand chísí ká piláwen, aur iske bäd saline draught yane namkín ashribali pánchez-wen yá chhaṭe ghante dete rahan aur usmen kásí miqdár antimony ki miláwen taki dil málisch karta rabe, aur páñch yá chhah qatrah laudanum ke bhí is dawá men har martabah shámil kiye já sakte hain. Agar raham men bashiddat dard howe aur uske sath jí matlátá ho, aur marz histeria bhí howe to ek drachm laudanum aur ádhá drachm camphor yane kafúr aur do drachm tincture of assafetida yane híng aur do ounce raqiq cháwal ke paní kí pichkári dewen. Maíza ko cháhiye ki gíram pání men baithé aur apne peyhoo ko khúb sikne de, aur bäd khúb khushk karne ke usko kapre se garam rakhe, isse ghálib hai ki insdád haiz jald játá rahegá aur agar isse fáidah na ho to marz qism kohnah se hojátá hai.

Insdád haiz kohnah ke bhí do qism hain ek to yih ki ziyádtí khún se howe aur dusrá kamzorí sí.

Ásár insdád kohnah ke jo ziyádtí khún se wágáh howe. Tamám jism aisa malum detá hai ki khún se bhará huá hai, aur nabz men

and frequent, the skin dry and hot; great thirst with pain in the head, back and loins. The patient instead of being active in her movements, feels inclined to sit over the fire, and is sometimes very giddy.

**Treatment.**—Bleed from the arm and give purgatives. The patient should take much exercise and little sleep, and on the intermediate day to those on which you give the purgative, you should give saline draughts. By these means the menstrual discharge generally soon returns.

*Symptoms* of the chronic form, arising from debility.—This variety of the disease is commonly called chlorosis or green sickness. The skin is, sallow, complexion pale, the urine pale and limpid, and eventually there is a tinge of green in the countenance. The breathing soon becomes hurried, with a slight irritable cough and pain in the side, but unlike the pain arising from pulmonary disease, as it is neither constant nor increased by a deep inspiration. At night you will see a mark round the ankle, where the edge of the shoe came: there is also fulness and puffiness of the face and eyelids in the morning, so that after sleep, the whole countenance looks too big; but in course of the day, this size and appearance goes entirely off. The stomach soon becomes deranged now; there is loss of appetite, the patient has an inclination for improper food, such as cinders, candles, pipe clay, &c., there is great flatulency, at times the bowels are costive, at other times lax, the pulse is frequent, small and hard, occasionally there is hysteria.

**Treatment.**—First clear out the bowels with a dose of rhubarb, and then commence a course of bitter medicines, such as a weak infusion of columba root, or the following pills. Take of powdered myrrh and powdered rhubarb, each half a drachm, extract of aloes ten grains, extract of chamomile or gentian one drachm; mix up these ingredients thoroughly with a little syrup and divide the mass into five-grain pills, of these give a sufficient number to procure two or three stools a-day, until the bowels become more healthy and regular.

salábat aur imtalá aur qúwat aur súrat málum detí hai aur jild jism ki khushk aur garam hotí hai. Piyás ká ghalba aur uske sáth sir aur kamar aur cheddón men dard hotá hai aur marizá bajé chalne phirne ke ziyádatar ág ke pas baiṭhá rahná cháhtí hai, aur baz waqt daurán sir men muftila hotí hai.

*Maqljah.*—Fasd háth kí lewen aur julláb dewen aur maríza ko cháhiye ki riázut bahut kare aur kam sowe, aur usko har jullab ke dúsre din ushrúbeh namkín piláwen, in tadbíron se haiz aksar járí ho játá hai.

*Alámaten.*—Insdád haiz kohnah ke jo kamzorí se wáqah howe.— Is qism kí marz ko chlorosis yá green sickness blí kahte hain. Jild jism ki tireh aur chehrá zard hotá hai. Pesháb men zardí aur shaffássí pái játí hai aur ákhir ko rang chehre ká sabzí mártá hai jald bád iske dam súrat se áne jáne lagtá hai aur khápsí gunah kharash ke sath hotí hai, aur pahlú men dard hotá hai, magar waisá dard nahín hotá jaisá ki marz phephre men hotá hai kyunki na to yih dard dawámí hotá hai na khenchkar sáns lene se ziyáda hotá hai. Rát ke waqt ek nishán qarib tákhné ke numáyán hotá hai. Subeh ke waqt chehre par púrí aur tahabboj málum detá hai, papoton par ánkhon ke bhambráhá hote hain, is tarah par ki chehra buṛhá málum detá hai magar din men yih báten aksar bikel játí rahtí hain. Is mauqah par medeh betartib ho járá hai, ishtahá játí rahtí hai, aur marizá ká dil taraf kháno námunasib ke chaltá hai, maslan cinders, candles yáne charbí kí battí aur pipe-clay, wagherah, aur bahut nufkh hotá hai, baze waqt antariyon men qabz hotá hai, aur baze waqt kushádgi. Nabz sarí aur patlí aur sakht hotí hai aur kabhí kabhí hálat hysteria wáqah hotí hai.

*Maqljah.*—Awal julláb rhubarb yáne rewand chíní se safáí medeh kí karne cháhiye, aur bád uske istamál talkh adwyah ká misl halke khesándah bekh columba yá golion zail ke karná cháhiye. Pisí húí myrrh, pisí húí rhubarb yáne rewand chiní, harek ádhá ádhá drachm, extract of aloes das grain, extract of chamomile yá gentian ek drachm. Yih adwyah khúb makhlút kí jáwen sáth thore se syrup ke aur páñch páñch grain kí golian banáí jáwen aur in mey se is qadar dení cháhiyengí ki do yá tín dast roz ájáwep táwaqtíki antariyon mey ifáqha aur tartib ho jáwe.

Now and then a gentle emetic will be useful; give therefore five grains of ipecacuanha powder every half hour until it operates. After a time, when the stomach is strong enough, you should commence giving steel; the following form answers very well:—

. Take of sulphate of iron,  
 Subcarbonate of potass, } Of each half a drachm.  
 White sugar,  
 Powdered myrrh, one drachm.

Mix thoroughly and divide the mass into five-grain pills; of these, three or four may be given twice a day, washed down with a little infusion of chyretta or gentian. After a time, when you have improved the patient's general health, you should commence giving emmenagogues; of these the ammoniated tincture of guiacum is as good as any: a tea spoonful twice or thrice a-day may be given in any bitter infusion. Ten drops of the liquor ammoniae in one ounce of water may be employed as an injection in the vagina in married females, two or three times a day.

As the strength improves, sea bathing, if it can be procured, or the shower bath, may be cautiously tried, with change of air.

#### *Questions.*

How many varieties of obstructed menstruation are there, and what are they called?

What is generally the cause of the acute form of obstructed menstruation?

What treatment should you adopt?

How many kinds of the chronic form of obstructed menstruation are there, and what do they arise from?

What are the symptoms that arise in the chronic form arising from plethora?

What treatment in the form of chronic obstruction arising from debility?

Kabhí kabhi dená halkí qaiawar dawá ká bhí muſíd hotá hai; ísí wajah se panch grain ipecacuanha powder ádhe ghanṭe ke bad, dete rahan̄ tawaqtíki uské asar záhir howe. Thore se arse ke bād, jab ki medeh men quwwat ájáwe, dená steel yane faulád ká cháhiye, nuskhā zail bahut sáidah bakhstá hai.

|                         |   |                     |
|-------------------------|---|---------------------|
| Sulphate of iron,       | } | Har ek ádhá dráchm. |
| Subcarbonate of potass, |   |                     |
| White sugar,            |   |                     |

Powdered myrrh, ek drachm,

Lekar aur in adwiye ko khúb milákar pánch pánch grain kí golián̄ baná lewen̄, in men̄ se tín yá chár ek din men̄ do martabah thore se khisándah chiratta yá gentian ke sáth nigul sakte hain. Thore se arse ke bād, jab ki har liház men̄ mizáj isláh par ájáwe, to dená adwiyah haizáwar ká shurú karen̄; aur in men̄ se ammoniated tincture of guiacum kisí aur dawá se kam mufid nahin̄ hai, is dawá ko bamiqdár ek cháh ke chamche ke harroz do yá tín martabah kisí bitter infusion yane talkh khisándah men̄ dewen̄. Das qatrah liquor ammonia kc ek ounce pání men̄ milákar anaq-ul-rahám men̄ auraton̄ mankúhe ke din men̄ do yá tin dasa pichkári dewen̄.

Jab ki marízá ke badan men̄ táqat áne lage, to samandar men̄ nehláne ká bhí imtahán karen̄, agar mumkin ho, sur fawárah se bhí ghusl karen̄ magar soch samajh ke. Nisbat auraton̄ bákráh ke unke wálden se tákíd nikah kar dene kí karen̄.

### *Sawálát.*

Kai qism ká obstructed menstruation yane insdád haiz hotá hai, aur har qism ká kyá nám hai?

Paidá hone qism acute form insdád haiz ká kyá báis hotá hai?

Kyá iláj karná chahiye ?

Kai qismen̄ hotí hain̄ chronic form yane kohneh insdád haiz kí, aur kyunkar yih marz paidá hotá hai?

Agar yih marz ziyádatí khún se paida ho to uskí kyá alámatey hotí hain̄ ?

Kyá iláj karná chahiye jab ki kohne insdád haiz basabab kam-zorí ke láhaq ho ?

## CHOLERA MORBUS.

*Symptoms.*—Suddenly the patient is seized with violent vomiting and purging of watery matter, having the appearance of thin rice water, spasmodic cramps of the extremities, extending to the abdomen and the muscles of the chest, the countenance collapsed, the pupils and the white of the eyes covered with a thick film, their blood-vessels are suffused and turgid; the eyes at length sink in their sockets, and immediately become fixed. The extremities now become cold, and the pulse not to be felt, no urine is secreted, and the patient rapidly sinks. Death frequently, in severe attacks, takes place within three hours from the time of seizure. This disease is decidedly not infectious. The signs of a favourable termination are, the patient falling into a sound sleep, the pulse returning at the wrist, urine being secreted and passing freely, vomiting and purging ceasing, the spasms being removed, and the skin becoming moist.

*Treatment.*—So many modes of treatment have been adopted, with more or less success attending them, that it is quite impossible to decide upon the merits of any one in particular. The following mode has been followed in many hundreds of cases, and has proved efficacious in numerous instances.

Give the patient immediately 20 grains of calomel *in powder*, placed dry on the tongue if an adult, and if a child, a dose in proportion; wash it down with 60 drops of laudanum, and 20 drops of essence of peppermint, in one ounce of water. Give a clyster composed of two ounces of rice water and one drachm of laudanum, which should be retained in the rectum as long as possible. In three or four hours, the calomel and opium should be repeated, if the spasms and vomiting have not ceased. If the patient is urgent in his demands for drink, give a small wine-glass full of warm, *not hot*, congee water, from time to time; cold water should not be given. In the treatment of stout and robust Europeans, bleeding should be resorted to when first attacked. Mustard poultices in all cases should be applied to the abdomen and calves of the legs, and hot water to the soles of the feet, to allay the spasms.

## CHOLERA MORBUS ; YĀNE HAIZAH WABĀI.

*Alámateñ*.—Yakáyak maríz ko qai aur dast bashiddat shurú ho játe hain, aur shakl unkí raqíq cháwal ke pání kí mánind hotí hai, háth pánw men tashannuj hokar taraf perú aur puṭṭhon chhátí ke phailtá hai, chehra naqíh ho játá hai, aur áṅkhoñ kí putlion aur sufedí ke úpar ek moṭí jhillí ho játí hai, aur ragen áṅkhoñ kí phail aur phúl játí hain, ákhir ko áṅkhen baith játí hain, aur fauran pathrá játí hain, háth páwñ us waqt ṭhandé ho játe hain, aur nabz nahín mālúm detí, pesháb paidá nahín hotá, aur hál hardam abtar hotá játá hai, aur agar haizah sakht hotá hai to aksar maríz tím ghanṭe ke ṛṣah men tamám ho játá hai. Yih marz beshak mutaddí na-hín hai. Alámateñ jin se mālúm hotá hai ki anjám is marz ká bakhair howegá, wuh yih hain, ki maríz bekhabar so játá hai, aur nabz kaláí ke pás chalne lagtí hai, aur pesháb paidá hokar khul ke átā hai, aur qai aur dast mauqúf ho játe hain, aur aur alámateñ játí rahtí hain, aur jism par namí ájátí hai.

*Maṭṭjah*.—Kitne hí tauroñ par iláj is marz ke hue hain, aur wuh is qadar kam o besh kárgar aur ghair muassar hye hain, ki un men se kisí khás iláj ko tarjih dená dushwár hai, taríq zail par saikron marízon ká iláj kiyá gayá hai, aur un men se mutaddad ádmí achchhe ho gne hain.

Fauran bäd haizah ke bíz grain calomel bársk o khushk maríz kí zubán par rakheñ agar jawán howe, aur agar bachcha howe to uskí umr ke muwáfiq, aur usko bazariañ sáth qatrah laudanum aur das qatrah peppermint, yane araq podínah ke sáth ek ounce pání ke sáth halaq men utár deñ. Do ounce cháwal ká pání aur ek drachm laudanum ká huqnah karen, aur tábamaqdúr is dawá ko miqad se nikalne na dewen, tím yá chár ghanṭe ke bäd calomel aur afyún phir dewen, bashartíki tashannuj aur qai mauqúf na huí hoñ, agar maríz kháhish pání kí betábí se kartá ho to bamiqdár ek chhoṭe wine glass ke ním garm píchh piláte rahen, sard pání dená nahín cháhiye. Bích iláj aise ahal-i-Firang ke jo ki qawí, aur shahzor howen khún bhí barwaqt haizah hone ke lená cháhiye poultice ráí ká har súrat men shikam aur ságún par lagáwen, aur garm pání pánw ke talwoñ par wáste kam karne tashannuj ke dálen.

Should the disease terminate favourably, the after-treatment is to regulate the bowels with an occasional dose of calomel and jalap, and to give a full dose of laudanum to procure sleep, if the patient is restless.

N. B.—Always give the calomel in form of powder and not in pills, and the opium in form of tincture, not in powder, as it is a saving of many valuable hours in their action, which is of serious importance in this disease.

*Questions.*

What are the usual symptoms of cholera morbus ?

What are the signs of a favourable termination ?

What treatment should you adopt at first ?

What should be your after-treatment in favourable cases ?

Why should calomel always in this disease be given in form of powder, and opium in form of tincture ?

**COLICA; COLIC.**

*Symptoms.*—In simple colic, there is constipation, violent pain chiefly about the navel, which is relieved by pressure, free from any inflammatory tenderness; the pain is intermittent; there is nausea, tenesmus, pain in the loins, great flatulence, but no fever. This disease may arise from the application of cold to the body when heated, from eating unripe fruit or any indigestible food, disagreeing with the stomach, obstruction of any kind, such as hardened faeces or a hernia. Lead absorbed into the system in very small quantities will produce it, as daily seen in the case of painters and plumbers. You will then find that the patient's wrist sometimes drops, the muscles of the forearm and hand are paralyzed, so that he cannot use it, and the muscles at last waste away.

*Treatment.*—Bleed from the arm freely, if the pulse will admit of it, and follow it up with a warm bath; at the same time give twenty grains of calomel if for an adult, following it up with castor

Agar anjám is marz ká baķhair howe to bādhu ıláj yih hai ki antariyon ko kabhí kabhí dene calomel aur jalap se tartíb dewen, aur agar maríz bechain rahtá ho to ek dose, yāne māutád laudanum kí wáste láne nýnd ke piláwen.

Lázim hai ki is marz men calomel bárík dewen, aur golion men na dewen, aur opium ko hameshah ghulá huá kyunki us men asar jald hotá hai, aur dúsri súrat men ghanṭop men, aur yih amar is marz men áham hai.

### *Sawálát.*

Kyá ałámateñ haizah wabáí kí hotí hain ?

Kyá ałámateñ hotí hain jinse malúm detá hai ki anjám is marz ká baķhair hogá ?

Ibtidá men kyá ıláj karná cháhiye ?

Jab ki anjám is marz ká baķhair howe, to bādhú kyá ıláj kiyá jáwe ?

Is marz men kis wajah se calomel bárík aur afyún ghulí huí dení cháhiye ?

### **COLICA ; YĀNE QULINJ.**

*Alámateñ*.—Jis hálat men qulinj sádah howe, to qabziyat rahtí hai, aur dard shadíd ziyádahtar qaríb náf ke hotá hai, aur kuchh warm nahíñ hotá, aur dabáne se áram átá hai, yih dard ʈhahar ʈhahar ke hotá hai, málish dil aur maṛorhá hotá hai, aur dard kamar men aur niháyat qabz rahtá hai, magar bukhár nahíñ hotá. Ittisál barúdat se jism par yih ʈrzah ho játá hai, us súrat men ki basabab kháne kachche phalon yá tuam ghair hazam ke jo medeh ke mu-wáfiq na hon badan men garmi á gaí howe, basabab rukáo kisi qism ke, masal sakht ho jáne paikhnáh ke, yá fitaq kisi aṇṭri ke bhí yih marz paidá hotá hai, basabab gunah jazb hone sharb ke jism men yih marz ho jáwegá, jaisá ki har rozah baliház musawwaron aur rangsázon ke dekhne men átá hai, is súrat men musháhidah kiyá játá hai ki báz waqt kalái maríz kí shal ho játí hai, aur puṭṭhe, pabunche aur háthon ke maflúj ho játe hain, is tarah par ki bekár aur ákhir ko khushk ho játe hain.

*Mađlajah*.—Fasd háth kí khátir khwá karen, agar quwwat nabz ijázat dewe, aur bād uske garm pání men biṭháwen. Agar maríz jawán howe, to bíś grain calomel usí waqt dewen, aur bād izáp tím

oil in three hours, repeating the dose of oil every two or three hours until the bowels are well moved; foment the bowels with hot water, and administer an enema of forty drops of laudanum in eight ounces of congee water. Dashing cold water on the abdomen has often been successful in obstinate cases.

Should lead have induced the disease, the patient should be taken away from his business for a time, and not wear his working clothes. After the colic is over, you may employ electricity daily to the forearm and hand; he should use his hands daily, rubbing them himself if possible with some stimulating liniment, afterwards supporting the limb on a splint. Continual blisters to the wrist have afforded great relief. Internally, the use of strychnine, stramonium, or nux-vomica may do good.

#### *Questions.*

What are the symptoms of simple colic ?

Name some of the causes that induce this disease ?

What is the treatment of simple colic ?

Should lead have produced the disease, what symptoms are present ?

What treatment should you adopt, if the disease was caused by the absorption of lead ?

#### CONVULSIO; OR CONVULSIONS.

They usually proceed in childhood from teething or deranged bowels, caused by eating indigestible food, or from worms in the intestines.

*Treatment.*—Put the child into a hot bath as soon as possible, and give it at once two or three grains of calomel, following it up in an hour by a dose of turpentine and castor oil. When the child is taken out of the bath, put a mustard plaster on, all down the spine and upon the soles of the feet, keeping it on for ten minutes or a quarter of an hour. If the convulsions return, place a few leeches on the child's temples, regulating the number to the age of the child. If teething should be the cause of the convulsions, the gums should be freely lanced. If the convulsions continue, the calomel must be repeated every two hours, and the oil and turpentine every four hours, so as to keep up a free action on

ghanṭe ke ḣarsah men̄ castor oil pilawen̄, aur do tīn ghanṭe ke bād yih tel pilāte rahen̄, tāwaqtīki antariyān̄ khūb sāf ho jāwen̄, antariyān̄ ko garm pānī se seṅken̄, aur chális qatrah laudanum ke áṭh ounce pích men̄ milákar huqnah karen̄, basabab zor se dálne pánī ke shikam par jabki marz aur tarah se nahín áram ho gayā hai.

Agar basabab shurb ke yih mūrз áriz huá howe to maríz apnc peshah ko chand ḣarsah tak choṛ dewe, aur apne kám karneke kapron̄ ko na pahne, bād rasā hone qulinj ke sadmāh electricity pahunche, aur hāthi par har roz dete rahen̄, aur maríz ko chāhiye ki khud agar mumkin howe har roz koí tez marham apne hāth se maltā rahe, aur hāth ko splint men̄ rakhe, basabab lagāte rahne blister ke kaláí men̄ bāhut fāidah huá hai, khāne kí adwiyah men̄ strychnine, yan̄e kuchlah kú sat, aur stramonium, yan̄e dhatirah yá nux-vomica mufid ho saktā hai.

#### *Saválát.*

Kyá alámateñ qulinj sádah kí hotí hain̄ ?

Kyá bází alámateñ is marz kí hain̄ ?

Kyá iláj qulinj sádah ká hai ?

Agar shurb ke báis se yih marz láhaq howe, to kyá wáqah hotá hai ?

Kyá iláj karná chāhiye jib ki babáis jazb hone shurb ke badan men̄ yih marz paidá huá ho ?

#### **CONVULSIO; YĀNE TASHANNUJ.**

*Alámateñ*.—Yih marz amúman bachpan men̄ babáis nikalne dán̄ton̄ ke, yá kháne saqílghair hazam ghizá ke jisse antariyān̄ betartib ho játí hain̄, yá basabab hone kíron̄ ke amá men̄ paidá hotá hai.

*Maáljah*.—Bachcha ko baqadar maqdúr jald garm pánī men̄ biṭhawen̄, aur do yá tīn grain calomel ek lakht dewen̄, aur iskí ek ghanṭe ke bād turpentine aur castor oil pilawen̄, barwaqt nikálne bachche ke garm pánī se ráí ká pháhá kamar kí haḍdi par lagáwen̄, aur pánw ke talwoñ par das minute yá páu ghanṭe tak rahné den̄, agar tashannuj aud kar áwe, to chand joṅken̄ muwáfiq umr bachcha ke kanpaṭion par lagáwen̄. Agar basabab nikalne dán̄ton̄ ke yih marz huá howe, to masúre baḥhúbí chír den̄. Dar-súrat-i-ki tashannuj járí rahe, to calomel do ghanṭe ke bād dete rahen̄, aur castor oil aur turpentine chár chár ghanṭe ke bād is tarah par, ki antariyān̄ baḥhúbí mutharrik rahen̄, blister dēṛh inch ká chaurá

the bowels. Blisters should be applied to the spine one and half inch broad, and six or eight inches long. A very marked indication of the tendency to convulsions is the turning in of the thumbs towards the palms of the hands.

A free action on the bowels should be kept up for some days after an attack of this sort; for this purpose, one or two grains of calomel should be given at bed-time, and a dose of senna, castor oil, or scammony in the morning, this should be repeated twice or thrice every second or third day.

*Ques:tions.*

What are the chief causes of convulsions in childhood ?

What treatment above to you adopt at first ?

Should the convulsions return, what ought you to do ?

If teething should be the cause of the disease, what should you do ?

**CYSTITIS ; INFLAMMATION OF THE BLADDER.**

*Symptoms.*—This disease is characterized by a burning and throbbing pain in the region of the bladder, tenderness on pressure, a constant desire to make water, very great pain at the neck of the bladder while the urine is passing, so that, perhaps, the patient can only void it on his knees. The urine is made in very small quantity very often, and is frequently high coloured and bloody. Perhaps there is also tenesmus.

This affection is induced by boils, turpentine, cantharides and other things which irritate the urinary organs.

*Treatment.*—The antiphlogistic treatment must be followed vigorously without any delay, viz., general bleeding, leeches or cupping over the loins, a full dose of calomel and antimony, followed up by a brisk purge in a few hours. Mild diluents, such as linseed tea, rice water, or barley water, will be sufficient nourishment for the first two or three days, when if all inflammatory symptoms have ceased, more generous diet may be gradually allowed.

aur chhah yá áth iuch ká lambá kamar kí haddí par lagá deñ. Jab ki yih marz honewálá hotá hai, to barí shanákti yih hai ki angúthe háthon ke hathelion kí taraf phir játe haiñ.

Is hálat men antariyon ko baikhúbí mutharrik rakhen, aur is wajah se ek yá do grain calomel sote waqt dewen, aur ek mautad senna yá castor oil kí yá scammony subah ko dewen, yih adwiyah do tíu dafa dúsre tísrc din dete rahan.

### *Sawálát.*

Kon se bare báis láhaq hone tashannuj ke hote haiñ ?  
 Ibtidá men kyá iláj karná cháhiye ?  
 Agar tashannuj áud kar áwe to kyá karen ?  
 Darsúrat-i-ki basabab nikalne dántoñ ke yih marz huá howe to kyá karná cháhiye ?

### CYSTITIS; YANE SOZISH MASÁNAH.

*Alámaten.*—Is marz men dard sozish aur lapak ke sáth ás pás masánah ke hotá hai, aur dabáne se ízá hotí hai, aur har dam hájat pesháb kí malum detí hai, barwaqt áne pesháb ke gardan masánah men niháyat dard hotá hai, is tarah par ki maríz ko gháliban ghuṭnoñ ke bal hokar pesháb átā hai. Pesháb bahut thorá thorá aur aksar átā hai, aur bárhá bülüt surkli aur khún álúdah hotá hai, aur pechish bhí hotí hai.

Yih árzah basabab sufrá yá istamál turpentine yá cantharides, yá basabab aisí aisí aur chízoñ ke jo ki un azá men jinke báis pesháb átā hai sozish paidá kartí haiñ láhaq ho játá hai.

*Madjhah.*—Aisí tadbíren bilátámul aur tawaqquf kí jáwen, jo harárat gharízí ko kam kartí haiñ, yane tanqiyah khún ká bazariañ fasd aur lagáne jonkoñ yá síugioñ ke kamar par ámal men láwen aur ek púri mautad calomel aur antimony ki dewen, aur uske chand ghanṭe ke bäd koí tez mushil piláwen, halkí martúb chízen misl alsí kí cháh yá cháwal ká pání yá áb-i-jau do tíu din ek káffí ghizá tasawwar kí jáwe, lekin jis súrat men támám alámaten warna kí mauqúf ho jáwen, to raftah raftah muqawwí ghizá kí ijázat de sakte haiñ.

*Questions.*

- What are the symptoms of cystitis ?**  
**How is this disease generally caused ?**  
**What treatment should you adopt ?**

**DELIRIUM TREMENS ; THE HORRORS.**

**Symptoms.**—There is delirium, generally restrainable, delusions of vision, tremor of hands or the whole body, a quick pulse, but not full or hard. *This disease being strictly one of irritation not inflammation*, there is constant watchfulness and want of sleep. This disease generally occurs in adults addicted to drinking spirits, but not always, for it has occurred after acute rheumatism, injuries of the head, apoplexy, paralysis, and a long exposure to the use of lead.

**Treatment.**—Administer opium in large doses, three or four grains to an adult, which may be continued twice a day for a few days, and relinquished by degrees, as the disease decreases. Nourishing food is required, and occasionally small quantities of spirits may be given with considerable effect. If there appears congestion of blood in the head, apply cupping glasses to the nape of the neck, or leeches to the temples, with cold applications over the head, but carefully avoid general bleeding. Moderate purging is also necessary. A combination of camphor, ammonia, and tartar emetic has been highly approved of, given in form of a mixture. Should there be violent vomiting, so that nothing can be kept in the stomach, one, two or three drops of pure creosote on a lump of sugar, has afforded immediate relief, when several other remedies have failed. The patient, when labouring under this disease, should be considered a dangerous maniac, and therefore never left by himself for a single minute, until quite cured.

*Questions.*

- What are the symptoms of delirium tremens ?**  
**What is the nature of this disease ?**  
**What is the chief cause that gives rise to this disease ?**  
**What other causes may give rise to it ?**

*Sawálát.*

Sozish masánali ke kyá ásár hote hain ?  
 Kis báis se yih árzah aksar láhaq hotá hai ?  
 Kyá iláj karná cháhiye ?

**DELIRIUM TREMENS; YANE HIZYÁN.**

*Alámaten.*—Is marz men hizyán hotá hai, jisko rok bhí sakte hain, aur nazar ke sámhnec kuchh kuchh dikhlái detá hai, aur háthon aur tamám jism men reshah hotá hai, nabz men tezí magar imatlá aur salábat nahín pái játí. Yih marz warm se nahín paidá hotá, balki irritation se, is marz men har waqt choukunnápan aur bedári rahtí hai, yih bímári aksar jawánon ko áud hotí hai, jo ki sharábon ká istamál bakasrat karte hain, lekin hameshah nahín hotí, is liye ki wuh wáká huí hai bád wajah musassil shadíd aur taklífát sir, aur marz saktah, aur fálij aur istamál tawíl kár shurb ke.

*Madjhah.*—Opium baří mautádon men yane tín yá chár grain ek jawán ádmí ko dewen, aur yih kaí din tak har roz do dasah dí jáwe, aur jún jún bímári kam hotí jáwe mautál opium ko bhí ghatáte jáwen. Ghízá muqawwí dení cháhiye, aur kabhí kabhí thori sharábon ke dene se balut fáidah hogá. Agar yih málum ho ki sir men khún jamá ho gayá hai guddí men síngiyán yá kan-patiyon par joñkeñ lagáí jáwen, aur sir par sard chízen lagáwen, magar bahut hoshýári sc tanqiyah ám khún se ahtiráz karná cháhiye. Filjumlah istamál mushil blí zarúr hai, dená camphor, aur ammonia aur tartar emetic ká milákar is ke liye niháyat pasand kiyá gayá hai. Agar maríz ko is qadar qai átí ho ki kuchh chíz medch men na thahartí ho, to ck yá do yá tín qatrah khális creosote ke agar misrí kí dalí par dálkar khiláe gae hain, to fauran fáidah huá hai, jab ki aksar aur ilájon sc kuchh asar nahín huá. Jab ki maríz is árzah men mubtilá howe, cháhiye ki wuh ek muhíb díwánah tasawwar kiyá jáwe, aur is liye jab tak wuh bilkul achchhá na ho jáwe, ek lahzah bhar bhí use tanhá na chhoren.

*Sawálát.*

Kyá hain alámaten árzah hizyán kí ?  
 Kyá hai asal is bímári kí ?  
 Kyá hai bará báis jo ki is árzah ko paidá kartá hai ?  
 Kyá aur báis müjib paidá karne árzah mazkúr ke hote hain ?

What treatment should you adopt ?

Should you bleed from the arm in this disease ?

Should there be violent vomiting, what medicine has been strongly recommended to be given ?

### DIARRHŒA.

By diarrhœa is meant frequent liquid and rather copious and fœculent stools, with some pain at the time of evacuation.

*Treatment.*—This must depend on the existing cause; if it be occasioned by the application of cold to the surface of the body, give the warm bath with sudorifics, such as Dover's powder. If bad or indigestible food have brought it on, gentle laxatives must be given to bring away the offending matter. If the presence of nausea, bilious vomiting and bilious stools, point out a morbid state of the biliary secretion, calomel and opium, followed up by saline purgatives, very much diluted with water, are indicated. If constipation has been the cause, gentle laxatives, aided by mild injections, together with the warm bath, are useful. Should fever and local pain be present, with hardness of pulse, bleeding either general or local may be resorted to with advantage; when the patient's strength will not admit of the abstraction of blood, counter-irritation and opiates must be employed, together with strict attention to diet.

When there is no fever, nor symptoms of inflammation present, astringents should be given, such as chalk mixture with laudanum; if this will not do, then give catechu, kino, or sulphate of copper. There is also another form of diarrhœa, in which the stools are white, like thin mortar, frothy, very copious, of a sour smell, no pain, and the disease of a chronic nature, which may last for years. It generally occurs in men, not in women, and more particularly those who have resided a long time in warm climates, and suffered from liver complaints.

*Treatment.*—This may successfully be subdued without giving mercury, by steadily persevering in the use of the sulphate of

Kyá ıljáj iıkhtiyár karná cháhiye ?  
 Is bímári men bázú kí fasd kären yá nahíñ ?  
 Agar maríz ko qai bashiddat ho, to kyá dawá dení uske liye  
 munásib tajwíz kí gaí hai ?

### DIARRHEA; YANE ISHÁL.

Is marz men yih hotá hai ki patle aur ziyádahtar kasrat se pá-  
 khána ke mile hue bár bár dast áte hain, aur barwaqt ijábat ke  
 thorá dard bhí hotá hai.

*Maqljah*.—Iláj munhassir hai úpar bájs marz ke, agar yih árzah  
 basabab itsál barúdat ke satah jism par láhaq huá ho, to maríz ko  
 garm pání men biثháwen, aur adwiyah əruqáwar misl Dover's powder  
 ke dewen, háth páñw aur satah jism ko garm rakhen. Agar ba-  
 sabab burí aur saqíl ghizá ke yih marz paidá huá howe, to halkí  
 adwiyah mulayyan dewen táki medeh fásid ko nikál de. Agar  
 málisch dil aur qai aur daston sufráwí se záhir howe, ki sufrá náqis  
 paidá hottá hai, to dená calomel aur opium ká, aur bádhú piláná  
 namkín jullábon ká pání se khúb raqíq karke munásib hai. Agar  
 qabziyat bájs is marz ká howe, to dená halkí mulayyan adwiyah  
 ká aur karuá halkí dawáon ke huqnah ká, aur biثháná garam pání  
 men muſíd hai. Agar bukhár aur medeh men dard maujúd ho,  
 aur nabz men salábat páí jáwe, to tanqiyah khún khwá ám khwá  
 khás karná cháhiye, kyunki faidahmand hogá. Jis súrat men  
 táqat-i-maríz ijázat khún lene kína dewe, to counter-irritation aur  
 adwiyah khwábáwar istamál men áwen, aur uskesáth libáz ghizá ká  
 badarjah niháyat zarúr hai.

Darsúrat-í-ki bukhár aur alámateñ warm kí maujúd na howen, to  
 adwiyah qábiz misl chalk mixture aur laudanum ke dewen, aur  
 agar isse bhí kuchh fáidah na howe to catechu, kino, yá sulphate  
 of copper dewen. Ek aur qism ká bhí ishál hotá hai, jis men  
 sufeid patle chúnc ke muwáfiq kafdar ifrát se dast áte hain, bú  
 khatrí hotí hai, aur dard nahíñ hotá, aur yih marz derpá hotá hai,  
 chunáñchi barson járí rahtá hai. Yih árzah aksar mardon ko láhaq  
 hotá hai, aur əuraton ko nahíñ, aur khúsusan unko jo ərsa daráz  
 tak garm mulkon men iqámat rakhte hain, aur khálal jigar men  
 mubtilá rahte hain.

*Maqljah*.—Yih marz rafá ho saktá hai baghair khiláne páre ke,  
 agar mutwátir sabr se sulphate of copper aur opium ká istamál

copper and opium, and paying most particular attention to his diet, avoiding all fruits, vegetables, fermented and spirituous liquors, and swathing the abdomen in flannel.

*Questions.*

What is meant by a diarrhoea ?

Describe some of the common causes of diarrhoea and their treatment ?

Describe that peculiar form of diarrhoea, seen in those who have suffered from disease of the liver, and lived a long time in warm climates ?

What treatment should you adopt in such cases ?

**DYSENTERIA ; DYSENTERY.**

This disease may either be acute or chronic.

*Symptoms of the acute form.*—The disease commences in general with much of the appearance of a common diarrhoea, frequent and unseasonable calls to stool, with an irresistible inclination to strain over it. The evacuations are generally copious, of a fluid consistence, without any peculiar smell, sometimes streaked with blood, and at other times a small quantity of blood is voided in a separate form, unmixed with faeces. The pulse in this state of the disease, is seldom altered, the heat of the skin is not perceptibly increased, and the tongue is frequently but little changed in its appearance. There is always a great prostration of strength and depression of the spirits, the appetite is indifferent, and the thirst urgent. To these symptoms succeed a fixed pain in the hypogastrium, more or less acute, and sometimes to be traced along the whole course of the colon, with a sense of fulness, tension, and tenderness on pressure, and on applying the hand to surface of the abdomen, a preternatural degree of heat is frequently perceptible in the integuments. The evacuations now become more frequent and less copious, they consist chiefly of blood and mucus, or are composed of a peculiar bloody serum, like water in which beef has been washed or macerated. A suppression of urine and distressing tenesmus now become very urgent; the indifference to solid food increases, and an uncontrollable desire for cold water is constantly expressed. The tongue is now generally white and furred, sometimes however exhibiting a florid,

karte rahan, aur ghizá par tuwajjah rakhen, aur phalon aur tarkárión se aur sharáb hái tez, aur garm se bilkul parhez karen, aur párche flannel shikam par lapeten.

### Sawálát.

Ijrái shikam se kyá murád hai ?

Baz báis ijrái shikam ke mái unke iláj ke bayán karo ?

Us khás qism ke ijrái shikam ko bayán karo jo un logon ko hotá hai ki marz jigar men mubtilá hon, aur ərsah daráz tak garm mul-kon men rahe hon ?

Aisí súraton men kyá iláj karná cháhiye ?

### DYSENTERIA ; YANE ISHÁL KHÚNÍ.

Yih bímári do qism kí hotí hai, shadíd yá kohnah.

*Alámaten marz shadíd kí yih hain.*—Yih bímári amúman záhir men basúrat ishál ám ke shurú hotí hai, aur is men aksar aur be-waqt hájat dast kí hotí hai, aur zabit nahín ho saktí. Bare bare dast áte hain, aur raqíq o kasíf hote hain, lekin un men koí khás bú nahín hotí, baze waqt yih dast khún álúdah hote hain, aur baze waqt thorá sá khún álúdah ijábat hotá hai, baghair álúdgí baráz ke. Bímári mazkúr ke is darjah men nabz bahut kam mut-haddil hotí hai, aur garmí post kí aisí ziyádah nahín ho játí ki mahsús ho, aur zubán kí súrat men bahut kam tabdilí hotí hai. Táqat hameshah bahut ghaṭtí játí hai, aur dil bajhtá játá hai. Bhúkh men beparwáí aur piyás shadíd ho játí hal. Bad in alámaton ke ek thahrá huá dard zer medeh shurú ho játá hai, khwá wuh ziyádah shadíd ho yá kam, aur baze waqt wuh sáre rodeh colon men páyá játá hai, aur dabáne se púrí aur tanáo aur taklíf malum hotí hai, aur satah shikam ke úpar háth lagáne se aksar ek beqáedah darjah garmí ká pardon men malum hotá hai. Is hálat men dast aksar ziyádah ho játe hain, lekin bahut bare nahín hote, ún men ziyádahtar khún aur ánw hotí hai, yá wuh ek khás áb-i-surkh se mushtamil hote hain, misl us páneer ke jis men gosht dhoyá yá bhigoyá ho. Bad iske insdád baví taklíf dibandah dard bashiddat tamám hotá hai, aur beparwáhi wáste ghizá sahít-o-saqíl ke ziyádah ho játí hai, aur hameshah wáste thande páni ke is qadar kháwhish rahtí hai ki zabit nahín ho saktí. Is hálat men zubán aksar suited aur khárdár ho játí hai, lekin baze waqt surkh aur

smooth, glassy appearance, with a tremulous motion when thrust out; the skin is either parching hot, or covered with a profuse perspiration, the pulse is sometimes full and bounding, with a peculiar thrilling sensation under the fingers. This state of the pulse denotes extreme danger, and shows that the disease is hurrying on to the final stage, in which the patient experiences the greatest anxiety, depression, and fear of death. The discharges by stool, which are often involuntary, are now accompanied with a most intolerable fetor; they are frequently mixed with shreds of membrane, and quantities of pus; prolapsus of the anus takes place, and often several inches of the inner coat of the intestines are thrown off by mortification.

*Causes of Dysentery.*—It is generally most prevalent at the termination of the hot weather, and during the rains, when the alterations of the temperature are often so great and sudden. Unwholesome food; the abuse of spirituous liquors, and the drinking of bad wine, often bring on the disease. Malaria is supposed to produce it, and soldiers are often attacked in large numbers, after a night encampment or bivouac on damp ground.

#### *Treatment of Acute Dysentery.*

In the stenic form of the disease, bleeding; both local and general, must be immediately ordered; sixteen or twenty ounces of blood should be taken from the arm, followed up with twenty or thirty leeches, applied along the course of the colon or great gut, then warm poultices and fomentations; should there be tenesmus, a dozen leeches may also be applied to the sacrum or perineum. The repetition of leeches must of course depend upon the intensity and duration of the disease, and the degree of relief afforded by the first application. Should griping, purging, and particularly fixed abdominal pain continue, they may be repeated on the following day, or each succeeding day, to the third or fourth time, their number being regulated by the urgency of the symptoms, and strength of the patient. As a general rule, however, if the bleeding, both local and general, has been carried out vigorously at first, there is seldom any further occasion for a repetition. Should the bowels be costive, the tongue loaded, and the evacuations offensive, a dose of castor oil should be given in any mucilage, with a small

shafáf aur tábandah súrat záhir kartí hai, aur us men báhar nikalne ke waqt ek harkat larzah kí sí malum hotí hai, post yá to bahut garm rahtá hai yá bashiddat pasíná átá hai, nabz baze waqt pur aur jahandah hotí hai, aur ek khás jumbish ungliyon ke níche malum hotí hai. Yih hálat nabz kí hameshah khauf-i-halákat dikh-látí hai, aur záhir kartí hai ki yih bímári jald ákhir darjah ko parhunch jáwegí, aur bímár ko niháyat taraddud aur sustí aur khauf-i-marg paidá hotá hai. Dast jo ki aksar bekhabrí aur beikhtiyári men nikal játé hain, un men aisi badbú átí hai ki ádmí uská mut-hammil nahín ho saktá, aksar daston men jhillí andar kí gal kar nikal átí hai, aur rim bhí átí hai, aur káñch bhí nikal átí hai, aur aksar kañ inch andar kí jhillí rodon kí gal ke gir partí hai.

Sabab is hál ke: niháyat ghalbah is bímári ká ákhir mausam-i-garmá men, aur barsát men hotá hai, jab ki inqaláb mausam aksar auqát badarjah gháyut aur daffatan hotí hai aur ghizáe námuúfiq aur bakasrat istamál sharábon ká, aur píná burí angúrí sharáb ká, aksar yih bímári látá hai. Hawái bad se bhí yih bímári paidá hotí hai, aur sipáhiyon kí giroh kí giroh par yih bímári aksar hamla hawúr hotí hai, bád iske ek rát wuh log zamín tarpar fro-kush hon.

*Maṣjih ishál shadíd ká.*—Bímári mazkúr kí us súrat men jab ki khún ziyádah ho tanqíyah fasd khás o ám donon fauran munásib hain, aur soláh yá bíis ounce khún bázú men se lená cháhiye, aur bád azán bíis yá tís jonken tamáun colon yá rodh kalán par lagání cháhiyen aur bád is ke garm poultice aur seúk kú istamál ho, aur agar dard bhí ho to bárah jonken ríph aur síwan par bhí lagání cháhiyen, aur muqarrar lagána jonkon ká shiddat aur kamí bímári aur darje ifáqat par joki pahlí dasah ke lagáne ne bakhshá hai mauqúf o munhassir hai. Agar pechish aur dast aur khásusan thahrá huá dard shikam men jári rahe dúsre din yá ek din bád tísrí, chauthí dasa phir jonken lagáwen, aur tadhád unkí bamújib zarúrat alámaton marz ki, aur táqat maríz kí ho, lekin yih bát bataur qáidah ám hai, ki agar tanqiyah khún khás aur ám awwal martabah khátil khwa kí gaí hon to bahut kam zarúrat muqarrar khún lene kí hogí. Agar ánten munqabiz hon, aur zabán par ziyádah mail ho aur dast mutáffin hon to ek moutád castor oil ki kisí mucilage men, hamráh thorí sí laudanum ke díjáwe aur uske amal kí madad mulayyan karne-wali adwiyah huqnah se ho saktí hai. Bád tanqiyah aur amal julla-

dose of laudanum in it; its action may be assisted by an emollient clyster. After depletion, and the action of the purgative, the following pills may be given every two or three hours, until the discharges assume a healthy appearance: calomel one grain, Dover's powder five grains, syrup or jam, sufficient to make the mass into two pills.

Ipecacuanha alone is a valuable remedy, and may be given in large doses without exciting vomiting. The following is a very good form of pill, acting as a diaphoretic. Powdered ipecacuanha two or three grains, extract of gentian five grains, to be made into two pills, and taken every four or five hours until the acute symptoms are relieved. Tenesmus may be relieved by a clyster of two ounces of rice water, in which three or four grains of opium has been dissolved. After these remedies have been adopted, blisters should then be applied to the abdomen. When there is great debility, the following bitter draught may be given with advantage, infusion of columba root one ounce, compound tincture of cardamoms one drachm, three times a day. Costiveness should be removed by oleaginous purges, and mucilaginous clysters. If the anus be inflamed or excoriated, it should be bathed with goulard water, and it may be protected from the acrimony of the discharges by being anointed with simple ointment or cold cream. The diet throughout the disease should consist of the mildest farinaceous food, consisting of arrowroot, milk, solution of gum arabic, rice or barley water: the patient should carefully avoid catching cold, and should have his abdomen swathed with two or three rolls of good flannel.

#### CHRONIC DYSENTERY; OR DYSENTERIA CHRONICA.

*Symptoms.*—The fever which attended the acute form, subsides, and a temporary recruiting of strength and appetite is experienced, but this freedom from distress proves deceptive. The patient feels sharp pains of the bowels, with frequent stools, consisting of food apparently little changed by the process of digestion, mixed with slight streaks of blood. These symptoms may subside, and continue to recur at intervals, either from imprudence in diet or clothing, or without any assignable cause, until extensive disorganization of the intestines takes place. The stools are then mucous and

buñ kí goliyán marqumiat-uz-zail do do, tín tín ghanṭe bād dí jáwen jab tak ki dast surat daston sihat kí pakṛen. Calomel 1 grain, dover's powder 5 grain, shíra yá murabbá baqadar banáne do goliyon kí.

Siraf ipecacuanha ká ek umdá iláj hai aur barí, barí mautáden īskí de sakte hain baghair iske ki qai ho iske liye habi marqumat-uz-zail bahut muśid hain aur buhat pasíná láti hain : powder ipecacuanha do se tín gra:n tak, extract of gentian pánch grain, is kí do goliyán banáwen aur har ek golí chár pánch ghanṭe ke bād kám men láwen jab tak ki alámaton ishál shadíd men ifáqá ho. Dard ko ek huqnah se do ounce cháwal ká pání jis men tín yá chár grain opium ghulí huñ ho ifáqat ho saktí hai. Bād in ilájon ke shikam par blister lágae jáwen. Jab ki niháyat naqáhat ho adwiyah bitter marqumat-uz-zail ke deue se bahut fáidá hogah. Infusion of columba root ek ounce, compound tincture of cardamoms ek drachm, din bhar men tín dasa diyá jawe. Inqebáz chiknē jullábon se rafa ho saktá hai aur mucilaginous huqnoñ se. Agar miqad par waram ho jáwe yá chhil jáwe to ab-f-goulard se dhoí jáwe aur hiddad o tezí mawád is hál se usí bazarial marham sádeh yá cold cream kí mahfúz rakh saktí hain. Is bímári ke ayám men ghizá raqíq o muqawwí dení cháhiye, misl arrowroot, aur dúdh, aur solution of gum Arabic, aur cháwal, yá jou angrezi ká pání. Bímar ko lázim hai kí apne tañ sardí se bacháwe aur apne shikam par do tín tah flannel kí lapeñ rakhe.

### CHRONIC DYSENTERY; YANE ISHÁL KHÚNÍ.

*Alámateñ*.—Wuh tap jo ki hálat-i-ishal shadíd men rahtí thí kam hojátí hai, aur ek chand rozah táqat aur ishtáhá malúm detí hai magar yih ifáqá fareb dahindah hotá hai: maríz ko niháyat dard shadíd rodon men malúni hotá hai, aur aksar dast aise áte hain ke zauf házmah se us men súrat ghizá kí kam mutbaddil hotí hai, aur un men kuchh qadre qalíl khún kí bhí ámezish hotí hai. Yih alámateñ kuchh kuchh arse bād kam o zayádah hotí hain, khwá wuh be ahtiyátí ghizá se hon yá be ahtiyátí poshak se, khwá baghair kisí sabab muiyan tá ñke áñton men be tarkib wáqa hotí

bloody, sometimes mixed with pus, or of offensive, ill digested faeces, the number of the evacuations varying from three or four to seven or eight a-day. The abdomen at the same time feels full and hard, without being very painful on pressure, the urine is high colored, and is passed with pain. The patient when in bed lies on his side, with the body much curved, and the lower limbs bent on the abdomen, to relax the muscles as much as possible. The pulse is feeble, intermitting, and generally slow, excepting towards evening, when some degree of fever occurs. The tongue is often bright and glossy, the skin is cold, sallow, dry and rough, the lips appear livid, emaciation proceeds rapidly, the feet and legs become œdematosus, and ascites occasionally takes place, the patient sometimes becomes jaundiced, and finally after some weeks or months, dies from irritation and exhaustion. The odour from persons suffering from this disease is very peculiar, if once recognized it cannot be forgotten, it is very offensive and at the same time acid.

*Treatment.*—Should there be the slightest inflammation, it must be reduced by careful local and general bleeding, bearing in mind, that the strength of your patient has probably suffered severely, when treated for the acute form of the disease. The bowels should be carefully cleansed by oleaginous purges, and small mucilaginous clysters; blisters to the abdomen may be employed with advantage. Should there be no inflammation, astringents and tonics are indicated, either vegetable or mineral; should catechu and kino be of no avail, great benefit may be derived from the sulphate of copper or the sugar of lead in doses from one quarter of a grain, gradually increased up to three or four grains, either with or without opium, and given three times a day in form of a pill, and not on an empty stomach; should it cause sickness, it may be combined with small doses of prussic acid. Moderately stimulating and oleaginous frictions of the abdomen, the part being subsequently swathed in flannel, is occasionally found useful. Where there is reason to suppose that the rectum is ulcerated, various injections are employed with advantage. A weak solution of acetate of lead or sulphate of zinc, five grains of either, with two ounces of rice

hai, is hálat men ánw lahú ke dast áte hain baz auqát un men rím milí huí hotí hai yá mutafan baráz ghizá ká milá huá nikaltá hai. Tádád daston kí mukhtalif hotí hai, ek din ke ársah men tín chár daston se, sá tát daston tak ijábat hotí hai, aur is hálat men shikam pur aur sakht malum hotá hai lekin dabáne se bahut dard nahín malum hotá. Pesháb tez rang aur dard se átā hai. Maríz jab bistar par hotá hai karwat se pará rahtá hai aur jism ko terhá rakhtá hai, aur hatt-ul-imkán wáste dhílā karne puṭṭhon ke tale ke áza ko shikam par jhukáe rakhtá hai. Nabz bárík aur mutawaqqif hotí hai, aur aksar auqát sust aur áhistah chaltí hai, siwái shám ke, jab ki filjumlah taپ hotí hai. Zabán aksar auqát surkh aur tábindeh hotí hai, jism sard aur zard aur khushk aur khurdará rahtá hai, lab níle hojáte hain. Lágharí jism kí jáld wáqa hofti hai. Pánw aur tángen phúl játí hain, aur baz auqát istasqá hojátá hai, aur baze waqt maríz ko yarqán hojátá hai, aur basabab irritation aur záil hone táqat ke marjátá hai. Is marz ke muftaláon ke jism se ek khás bú átí hai jo ki agar ek dasa daryáft ki jáwe to farámosh nahín hosakti, wuh bú bahut nágawár aur tursh hotí hai.

*Maáljah.*—Agar zara sá bhí waram ho, to wuh búahtiyát kam kiyá jáwe, tanqiyah khún khás yá ám se, magar yih bát malhúz rahe ki basabab maáljah ayám bímári shadid ke maríz men táqat báqí rahí hai yá nahín. Rodah bhí búahtiyát o hoshyárf chikne jullábon aur mucilaginous huqnon se sáf kí jáwen aur is súrat men shikam par blister lagáne se fáidah hotá hai. Agar waram na ho to adwiyah qábiz aur muqawwí monásib hain khwá nabátatí hon, khwá mádaní. Agar catechu aur kino se fáidah na ho to sulphate of copper yá sugar of lead se bahut fáidah ho saktá hai aur mautád is dawá ke chaháram hissah grain se batadríj ziyádah kí jáwe, tín yá chár grain tak, khwá mai opium khwá bagháir opium ke, aur is kí golí banákar tín dasa ek din men díjáwe, magar khálí medeh men nahín, aur agar isse kuchh jí matláwe to is ke sáth qalíl mautáden prussic acid kí shámil karen. Gúnah tahrík dená aur shikam par chiknáí malní aur uspar flannel lapeṭní baze mauqa par mufid pái gaí hai. Jis súrat men qayás cháhtá ho ki kánch men zakhm ho gae hain, to mukhtalif pichkariyon ke istámal se fáidah hásil ho saktá hai. Ek khaffí solution, acetate of lead yá sulphate of zinc, bamiqdar páñch grain mai do ounce cháwal ke

water, has the effect of allaying irritation, whilst a solution of the sulphate of copper, or one of the corrosive sublimate, two or three grains of either, in two ounces of lime water, excites foul and sluggish ulcers to healthy action, and in many cases has effected a permanent cure. The diet should be entirely farinaceous, solid animal food, vegetables, and all stimulating matters being rigidly forbidden. Change of air, or a sea voyage, has frequently proved advantageous when all other remedies have failed.

*Questions.*

How many forms are there of dysentery ?

Describe the symptoms of the acute form of the disease ?

Name some of the chief causes that give rise to this disease ?

What treatment should you adopt in the inflammatory stage of the disease ?

When all inflammatory action has ceased, what treatment should you follow ?

Enumerate the symptoms of the chronic form of the disease ?

What treatment should you adopt at first in the chronic form of the disease ?

If there should not be any inflammatory symptoms, what class of medicines are indicated ?

What diet should the patient have when labouring under this disease ?

**DYSMENORRHCEA ; OR PAINFUL MENSTRUATION.**

This disease may arise at any period of life at which the menstrual function is performed ; it may exist from the time of puberty and cease on marriage ; or the first attack may come on immediately after marriage, and last until the patient becomes pregnant ; and in some cases it does not come on till after child-birth.

*Symptoms.*—At the menstrual period there is acute pain generally, which decreases as the discharge flows ; the pain often resembles the grinding pains of the first stage of labor, in par-

pání ke asar sozish ká kam kar saktá hai aur solution of the sulphate of copper yá solution corrosive sublimate ká do yá tín ounce, do ounce chune ke pání men ḱharáb aur derpá násúron ko mufid hotá hai, balki báz hálaton men isse mutlaq sihat hásil ho gai hai. Aur cháhiye ki ghizá mutlaq raqíq o muqawwí ho, aur muqawwí ghizá misl gosht aur tarkáriyán aur tamám muharrík ghizáen batákid maná kí jáwen. Tabdil hawá aur safar daryá-i-shor aksar auqát bahut mufid páyá gayá hai, jab ki tamám aur iláj kárgar nahín hue hain.

### *Sawálát.*

Kitní qismen men árzah ishál ámúman munqisam hai, unke nám bayán karo?

Alámateñ shadíd súrat is bímári kí bayán karo?

Asal báis jin se yih bímári paidá hotí hai bayán karo chand nán unke?

Kyá iláj i᷍htiyár karná cháhiye is bímári ki hálat-i-ámás men?

Jab kí tamám ámal iláj waram ke mauqúf ho chuke hain kyá iláj i᷍htiyár karná cháhiye?

Ginke batao alámateñ shadíd súrat is bímári kí?

Kyá iláj tum i᷍htiyár kar sakte ho ibtídá-i-bímári ishál kohnah men?

Agar kuchh hálat waram nábáqí rahí ho to kis qism kí adwiyah ká istamál karná cháhiye?

Kis ghizá ká maríz ko istamál karná cháhiye jab ki wuh is árzah men mubtilá hai?

### DYSMENORRHEA ; YANE BÍMÁRÍ HAIZ DARD ANGAIZ.

Jis waqt tak ki áurat ko haiz hotá rahtá hai, un auqát umr tak kisi waqt men unhen yih bímári paidá ho sakti hai. Yih marz láhaq ho saktá hai ahad balúghat se, aur rafá ho saktá hai barwaqt katkhudáí ke; yá pahlá hamlah bímári ká á saktá hai fauran dán nikáh ke aur tá hámilah hone marízah ke rah saktá hai, aur báz hálaton men bímári mazkúr nahín áyud hotí hai, jab tak ki áurat ke bachcha paidá nahín hotá.

*Alámateñ.*—Áyám haiz men aksar dard shadíd hotá hai, aur jiun jiun khún i haiz járí hotá hai dard kam hotá játá hai. Yih dard aksar mushábah us dard ke hotá hai jo kí pahle darjah dard zeh

oxysms of short duration, and frequent occurrence. There is also, in the intervals, a constant aching pain down the legs, with a dragging sensation in the back and loins; there is sometimes also a sensation of bearing down in the pelvis with even an actual lowering of the womb. Occasionally there is a peculiar membranous substance expelled from the womb, consisting of coagulable lymph.

*Treatment.*—Immediately before the expected attack, the bowels should be opened by a mild purgative of castor oil, or a dose of Gregory's powder, or a warm water injection; the patient might also put her feet in warm water, or sit in a hip bath. At this time, should the pulse be full and frequent, the countenance flushed, and general plethora prevail, cupping on the loins, or by leeches to the pudenda or groins might be advisable, and the following draught be given, and repeated every hour or two according to the effect:

Tincture of opium, twenty drops.

Sweet spirits of nitre, forty drops.

Camphor mixture, one ounce.

Belladonna plaisters may be applied to the sacrum. Injections of warm rice water, containing two grains of belladonna or opium, may be frequently thrown into the vagina, or a clyster of the same kind may be employed. Suppositories containing two grains of opium are also useful at times.

The loins, pubes, and perineum should be frequently fomented with a warm decoction of poppy heads. Ether, assafœtida and ammonia, may be given at intervals to relieve the spasms. Hot gin and water will often subdue the pain. These medicines, however, should be very cautiously administered, should there be much heat of skin and feverish excitement. In the intervals of the menstrual periods, the general health should be regulated. Equal parts of steel wine and the compound spirit of sulphuric æther, half a drachm to one drachm each in a wine glass of the infusion of gentian or chiretta, may be given two or three times a-day. The bowels should be regulated by any mild purgative; moderate exercise is adviseable. The diet should be nutritious, but not stimulating. Great benefit will be derived by the regular employment night and morning of cold water injections into the vagina.

**men** hotá hai, aur daurah is ká thoṛc waqfah se hotá hai, aur aksar wáqa hotá hai. Aur is zimn men ek dard qáyam níche táṅgon ke bhí rahtá hai, aur píth aur kamar men ek kashish sí malúm hotí hai, baz auqát pelvis, yanç puá shikam men jhukáo malúm detá hai balki bachehadán níche ko utar bhí átā hai, baz auqát ek khás medeh chhichhlron ká sá riham men se nikaltá hai, aur wuh mushtamil hotá hai ek jannevalí ratúbat se.

**Maḍlajah.**—Qahal is ke ki hamlah bímári mazqúr kí umed ho, sauran ek halke julláb castor oil ke yá ek mautád Gregory's powder yá huqnah áb-i-garm se rodah khol diye jáwen. Marzah apne páñw ko garm páñi men rakhe, yá tábakamar garm páñi men baithe, is waqt men agar nabz men imtlá aur surat ho, aur chchrah surkh aur ziyyádatí khún kí ho, to kamar par pachhne lagáne yá sharmgáh aur chaddon par joñken lagáni munásib hongí, aur adwiyah marqúmat-uz-zail ek ek yá do do ghanṭe ke bäd bamújib asar dawá ke dení cháhiyen.

Tincture of opium, bíq qatrah,

Sweet spirits of nitre, chális qatrah,

Camphor mixture, ek ounce.

Ríh par pháyá belladonna ke lagáe jáwen. Pichkáriyán garm cháwal ke páñi kí mai do grain belladonna yá opium ke aksar auqát anaq-ul-riham men dálí jáwen, yá ek huqnah usí qism ká kám men láyá já saktá hai, aur baze waqton men shayáf do grain opium ke bhí musíd hote haiyu.

Kamar aur muqám múczohár aur seewan cháhiye ki aksar garm joshándah se post ke ḍodon se senken. Bäd iske wáste izálah tashannuj ke æther, híng aur ammonia kuchh kuchh fáslah waqt se dí jáwe. Garm gin sharáb aur áb i garm aksar dard ko rəfa kar saktá hai, lekin in adwiyat ke dene men darsúrat-i-ki garmí jild aur tap mahsúh ho, to bahut ahtiyát mallhúz rahe. Ayám haiz ke mábín men tamám jism kí sihat kí durustí bhí karní cháhiye. Barábar juz steel wine aur compound spirit sulphuric æther ká nisf drachm se ek drachm tak har ek men se ek wine glass infusion of gentian yá chiretta men din bhar men do yá tín dasa diyá jáwe. Ánten kisi halke aur muláyyam julláb se murattab aur durust kí jáwen. Filjumlah riyázat jismí bhí lázim hai, ghizá-i-muqawwí dení cháhiye, lekin muharrik na ho. Subah aur rát ko áb-i-sard kí pichkáriyon ke anaq-ul-rahám men dene se bahut fáidah kiyá jáwegá.

*Questions.*

- At what period of life does dysmenorrhœa generally show itself ?**  
**What are the usual symptoms of the disease ?**  
**What treatment should you adopt at the commencement of the disease ?**

**ENTERITIS: INFLAMMATION OF THE BOWELS.**

*Symptoms.*—There is fever, deep seated pain, especially round the navel; pulse generally quick and sometimes hard, skin hot, great thirst, tongue generally red at the tip and edges, sometimes it is all red. If the upper portion of the bowels are inflamed, then there will be nausea, but if the lower portion, there will be pain in the iliac region and along the course of the colon, with diarrhoea. After some time, the abdomen becomes tympanitic, tormina are occasionally observed, this is when the colon is affected.

*Treatment.*—Copious general bleeding, and leeches to the abdomen, also warm fomentations and mild laxatives. When the abdomen is tympanitic, give turpentine clysters. In very acute cases, blisters will be of service, but generally the application of hot spirits of turpentine or mustard poultices should be preferred, which however must be removed before it produces vesication.

*Questions.*

- What are the symptoms of inflammation of the bowels ?**  
**What causes the nausea in enteritis ?**  
**If there is pain in the iliac region, and along the course of the colon, what portion of the bowels will be inflamed ?**  
**What treatment should you adopt ?**

**EPILEPSIA: EPILEPSY.**

*Symptoms.*—Loss of sensation and consciousness with spasmodic contraction of the voluntary muscles, succeeded by convulsive distortions and stupor. The premonitory signs of an attack are, headache, giddiness, dimness of sight, ringing in the ears, the patient also feels a peculiar sensation of tremor or numbness, which begins at the extremity of a limb, and gradually ascends to

*Sawálát.*

Kis zamáne men umr ke árzah haiz dard angez paidá hotá hai ?

Kyá hain mashhúr əlámateñ is bímári kí ?

Kyá ıláj iķhtiyár karná cháhiye shurú bímári men ?

Mábín ayám haiz ke kyá ıláj honá munásib hai ?

## ENTERITIS : YANE SOZISH UMÁ.

*Alámaten*.—Buķhár aur jamá huá dard khasúsan gird náf ke rahtá hai. Nabz men aksar tízí aur báz waqt salábat pái játí hai, jild badan kí jaltí rahtí hai aur piyás ká ghanbá hotá hai. Zubán kí nok aur donon ján bain aksar surkh rahtí hain, aur báz súraton men tamám zu ban ká yihí hál hotá hai. Aksar úpar ke hisseh men umá ke warm hotá hai to us súrat men dil málisch karta hai, aur jis súrat men asfal ke hisseh men waram hotá hai to maqám daqqáq men aur us jagah jahán tak colon phaltí hai dard rahtá hai, aur is ke sáth shikam bhí járí hotá hai. Thore se ərsah ke bäd shikam phúl játā hai. Báz auqát dard umá bhí hotá hai, magar us súrat men jab ki colon men khalal howe.

*Maáljah* — Lená khún ká khátir ķhwá bazariyah fasd aur lagáne joñkoñ ke shikam par aur bhí señkná aur dená halkí mulayyan adwiyah ká ıláj hai, jis súrat men shikam phúlá luá howe to huqnah turpentine ká karen. Hálat shiddat men lagáná blister ká muśíd howegá, lekin aksar istamál garm spirits turpentine yá ráí kí poultice ká bahtar hai, magar usko bhí qabal uz paidá hone áblah ke dúr kar den.

*Sawálát.*

Kyá əlámateñ warm umá kí hotí hain ?

Kis sabab se is marz men dil málisch kartá hai ?

Agar dard muqám daqqáq men aur us jagah jahán tak colon játí howe, to konse hisseh umá men warm hotá hai ?

Kyá ıláj karná cháhiye ?

## EPILEPSIA ; YANE MIRGÍ.

*Alámaten*.—Is bímári men hosh hawás aur tamíz-o-shaúr men nuqsán á játá hai aur puṭhe jin ke sabab ádmí harkat kartá hai tashannuj ke sáth sukaṛ játe hain, aur bäd iske azá bashiddat ķham ķhákar behoshí aur ghaflat tári hotí hai. Awwal ásár is árzah ke dard sir aur daurán sir aur ķhírgí basárat aur rahná sansanáhat ká kánon men hotá hain, Maríz ko ek khás qism kí

the head, called "aura epileptica." The fit occurs suddenly, the patient falls to the ground, the body is convulsively agitated, the eyes are fixed and reverted, permanent contraction of the pupils, gnashing of the teeth, protrusion of the tongue, foaming of the mouth, laborious respiration, the pulse generally small; the fit lasts generally on an average about twenty or thirty minutes. After it is all over, the patient continues insensible in an apparently profound sleep, from which he recovers in an exhausted state, without any recollection of what has happened.

*Treatment.*—When the disease occurs in infants and children, and appears to be connected with dentition, lancing the gums, giving an emetic, then a brisk purge, with the occasional exhibition of aperients and absorbents, and paying attention to the diet and regimen, is what is required; where the disease seems to be caused by worms, give four drachms of the oil of turpentine, following it up with a dose of castor oil. When the disease occurs in females, and appears to be connected with the uterus, which is indicated by irregularity of menstruation, the employment of emmenagogues, the warm or hip bath, and stimulating clysters are to be recommended. When the disease appears to be connected with general plethora, determination of blood to the head, and the patient is young and robust, bleeding is indicated, either general or local; cupping between the shoulders, blisters to the nape of the neck, and regulating the bowels is to be adopted. Antispasmodics, such as camphor, musk, castor, valerian, opium, henbane or stramonium, should be administered before the attack. The nitrate of silver taken internally has been found efficacious, as well as the sulphate of copper, arsenic, and the oxyde and sulphate of zinc. Electricity and galvanism have been found sometimes very serviceable. The causes which give rise to epilepsy, are blows, wounds, fractures, and other injuries done to the head by external violence, together with lodgments of water in the brain, tumours, concretions, and polypi. Violent affections of the nervous system, sudden frights, fits of passion, great emotions of the mind, worms in the stomach or intestines, teething, or the suppression of any

thartharí, yá khún kí jo ki shúrú hotí hai, ek azu ke sire se aur batadríj chartí hai. Ghashí dasatan tári hotí hai aur maríz zamín par gir partá hai, jism maríz ká tashannuj ke sáth harkat kartá hai, ánkhen pathrá játí hain, aur putliyán chhotí ho játí hain, maríz dánt chabátá hai, zubán nikal átí hai, aur dam mushkil se átá hai aur nabz aksar bárík hotí hai, aur yih hálat ghashí aksar bí s yá tís minute tak rahtí hai, aur bad guzar jáne in tamám hálaton ke bhí maríz behis-o-sharkat aur behosh rahtá hai, aur bazáhir aisá malum hotá hai ki khwáb ghaflat men pařá hai, aur is hálat se jab maríz hoshýár hotá hai to us waqt zauf tári hotá hai, aur jo kuchh us par guzrá hai us kí kuchh khabar us ko nahín hotí.

*Maqljah*.—Jab ki yih bímári bachehon aur larkon ko áyad hotí hai, aur aisá zahir ho ki basabab dant nikalne ke hai, to chír dená masúron ká, aur dená adwiyah muqai ká, aur bad izán dená ek juláb tez ká, aur kabhí istamál men láná adwiyah malayyan aur jázib ká, aur khiyál rakhná ghiza aur parhez ká, zarúryát se hai, aur jahán yih bímári wáqá huí hai basabab kíron ke to chár drachm turpentine dewen aur bad iske ek mautád castor oil kí. Jab ki yih bímári auraton ko áyad ho, aur aisá záhir ho ki wuh khalal raham se huí hai, jiskí alámat beqáida ke ijráí khún haiz hai, to istamál adwiyah dastá war garam paní se naháná yá garm paní men baiṭhná aur huqneh tez dawá ke munasib hain, jab ki yih záhir ho ki bímári mazkúr mutalliq hai ziyádatí khún se, aur thahar janc se khún ke sir men, aur maríz jawán aur farbah hai, to tanqiyah khás yá ám khúu ká munásib tajwíz kiyá gayá hai aur lagána puchhnoñ ká darmiyán shánon ke, aur blister ká gardan par, aur taršíb rodah iķhtiyár kiyá gayá hai. Adwiyah dáfa tashannuj, misl camphor, musk, castor, valerian, opium, henbane, or stramonium qabal az hamlah bímári ke dená cháhiye. Nitrate of silver aur sulphate of copper, arsenic, oxyde aur sulphate of zinc bhí kabhí kabhí, dená bahut mufid páe gae hain. Electricity aur galvanism bhí aksar auqát bahut mufid páe gae hain. Báis jo ki bímári sarah ko paidá kartí hain wuh sadmá aur zaķhm aur tuṭ jána ustakhairán ká, aur aur qism ke sabab jo kí báhar se sir par pahunche mai jamā ho jáne pání ke dimagh men, aur warm aur injamád khún hote hain. Sakht amráz putthón ke yá dar jána, dasatan, yá ghalbá gham-o-ghussah ka, yá bará josh-i-dil ká, yá honá kenchu-

accustomed evacuations. Sometimes it is hereditary, and at other times it depends on a predisposition arising from mobility of the sensorium, which is occasioned either by plethora or a state of debility.

*Questions.*

What are the symptoms of epilepsy ?

What are some of the premonitory signs of an approaching fit ?

What is the proper treatment for the different species of epilepsy ?

**ERYSIPelas.**

This disease may be divided into three varieties, viz., the simple, the phlegmonous, and the oedematous.

*Symptoms of the simple variety.*—The inflammation attacks the skin, which is hot, red, smooth and shining, with tumefaction, and sometimes an effusion into the subjacent cellular tissue. The pain is pungent and burning. On the third or fourth day, vesications form on the surface of the inflamed skin. When the erysipelas evinces any disposition to change from one spot to another—"metastasis,"—it becomes necessary to carefully watch the state of the internal organs.

*Treatment of the simple variety.*—Aperient and refrigerant medicines are sufficient, diaphoretics and diuretics are also beneficial. If the extremities are affected, they should not be used, but must be kept in the horizontal position; in some cases leeches may be necessary, and warm fomentations. Should this form become erratic, bark may be given combined with diaphoretics and purgatives. If the disease be occasioned by suppressed perspiration, give diaphoretics, such as ammonia, antimony and camphor. If the head be not affected, an emetic, after the necessary depletion, restores the function of the liver and skin. Give calomel and James' powder at night, and on the following morning, the compound infusion of gentian and senna with a neutral salt.

*Symptoms of the phlegmonous variety.*—The inflammation attacks the skin, and the subjacent cellular tissue, and generally termi-

on ká medeh aur rodon men yá níkalne dántop ká, yá ruk jáná kisi mamulí shai ká jo khárij hotí raftí hai, báis is marz ká hotá hai. Báz auqát yih marz maurúsí hotá hai, aur báz waqt khalal sensorium se hotá hai jo khalal khwá ziyádatí khún yá kamzorí se howe.

### *Sawáláat.*

Kyá hain alámatey árzah sarah kí?

Kyá hain bází pahlí alámatey qarib ánewále ghash kí?

Kyá munásib ıljáj hain wáste mułkhalif qism sarah kí?

### ERYSIPelas.

Yih marz tín aqsám men munqisam ho saktá hai, yane sádah aur balghamí aur edematous.

*Alámatey qism súdah kí.*—Sozish jild par wáqá hotí hai, jiske sabab wuh garm aur chikne aur chamakte amás ke sáth hotí hai, aur báz auqát darmiyán tale ke jild kí jhillí ratúbat ho játí hai. Dard tez aur sozish ke sáth hotá hai. Tíre yá chauthé din satahi par jism ke jaháy sozish hotí hai áblah nikal áte hain. Jis waqt yih árzah mailán intiqál ek muqám se tóraf dúsre muqám ke záhir kare to us hálít ko metastasis jánná cháhiye, aur khabargírí andarúní azá kí pur zarúr hai.

*Moğlaj qism súdah kú.*—Adwiyah mulayyan aur dásq harárat kássí hain, adwiyah ərqáwar aur mudir bhí müsíd hotí hain. Agar líth pánw men yih árzah howe to unkó harkat na den, aur phailáe hue sídhá rakhen. Bází súratop men hájat jonkon aur senk kí bhí ho saktí hai. Agar yih marz ek jagh se dúsri jagah daurnc lage, to bárk bashamúl adwiyah ərqáwar aur dastáwar ke de sakte hain. Darsúrat-i-ki yih marz basabab band ho jáne pasíne ke láhaq howe, to adwiyah ərqáwar misal ammonia aur antimony aur káfür ke dewen. Agar sir is árzah se mahfúz howe, to basabab dene adwiyah qaiáwar ke bád zarúrí tanqiyah ke jigar aur jild apne kámon pír ámádah ho jáenge. Rát ke waqt calomel aur James' powder aur uske subah ko compound infusion of gentian aur senna ke sáth neutral salt ke dewen.

*Alámatey qism balgham kí.*—Sozish jild par aur uske tale kí jhillí aur rag-o-reshah men hotá hai, aur aksar us men píb par játí hai,

nates in suppuration ; it is more frequent on the extremities than elsewhere ; the accompanying fever is inflammatory. The redness of the skin is of a deep tint ; at the end of four or five days vesications appear. Sometimes there is desquamation of the cuticle, the redness then declines, the skin assumes a yellow tinge, the swelling and fever gradually subside, and the disease then ends in resolution. Suppuration however is the most common termination, and not unfrequently gangrene.

*Treatment of the phlegmonous variety.*—This must be very active. Copious blood letting is absolutely necessary, especially when the face and scalp are affected. Local bleeding and cold lotions to the scalp are also useful. Active purgatives, antimonials, and refrigerating drinks, with strict abstinence, are the next means to be resorted to. The active treatment now recommended is only admissible for the young and strong, and at the commencement of the disease. When the patient is old or weakly, or in the latter stages of the disease, it will be necessary to support the system by quinine, ammonia, wine, cordials, &c. When suppuration and sloughing has taken place, and when pus is infiltrated through the subcutaneous cellular tissue, incisions are to be made to give it outlet ; after the incisions, warm fomentations are to be applied, till the bleeding has ceased ; a warm bread poultice should then be applied. Pressure by bandages will afterwards be useful in promoting the healing process. When during the continuance of erysipelas, symptoms of gastric irritation come on, and there be fulness of the pulse, and other marks of acute fever, bleeding and leeches to the epigastrium are indicated.

*Symptoms of the oedematous variety.*—This form of the disease generally occurs in weak constitutions, or in persons disposed to dropsical effusion. The skin is of a pale red colour, inclining to a yellowish brown, smooth and shining, but less hot and painful than in the two preceding varieties ; there is an effusion of serum, the affected part pits on pressure, sometimes pus is mixed with the serum. The redness changing to a livid hue, and the pain ceasing, indicate gangrene. Erysipelas is most dangerous when it

aur aur muqámon ki nisbat háth pánw men ziyádal tar láhaq hotí hai, aur uske sáth bukhár muhtarqah hotá hai. Surkhí jild kí gahre rang kí hotí hai, barwaqt ķhatam hone chár yá páñch din ki áblah nikal áte hain. Baze waqt jab ki jild ki jhillí judí ho játí hai, to rangat jild kí zardí liye hue hotí hai, aur waram aur bukhár darjah badarjah ghaṭ játá hai aur bād us ke marz záil ho játá hai, magar niháyat aksar yih hotá hai, ki anjám men píb par játí hai, aur bárhá muqám marz saṛh bhí játá hai.

*Maqíjah qisam balghamí ká.*—Lázim hai ki ıläj chustí ke sáth karen. Lená ķhún ká bakasrat niháyat pur zarúr hai ķhasús jab ki chhre yá ķhoprí par yih ărzah howe. Lená ķhún ká muqám marz se aur rakhná sard chízon men tar kíye hue kapro ká ķhoprí par bhí muſíd hotá hai. Bād in murátilb ke yih cháhiye ki tez julláb aur adwiyah antimonia ls aur refrigerant yane dáṣa harárat dewen, aur niháyat sakht parhez karwáwen. Yih sakht ıläj jis ká abhí zikar huá hai siraf un logon ke wáste jáyaz hai jo ki jawán aur táqatwar hoṇ, aur bímári kí bhí ibtidá howe. Jis súrat men maríz umr rasídah yá natáqat ho yá marz akhír darjah men pahunch gayá ho to bahál rakhuá tágat jism ká bazariḥ quinine, ammonia, wine, aur cordials yane muſarrehát wagħairah ke zarúr hogá, jab ki pakáo wáqqa howe aur zaķhm men chhichħṛę howen aur píb ristí ho, to paidá karná zaķhm ká wáste iķhráj ke zarúr hogá. Bād paidá karne zaķhm ke, zaķhm ko se᷑kte raheñ tawaqte ke ķhún band na howe aur bād band hone ķhún ke roṭi ká poltice banákar bándhen. Dabáná zaķhm ko bazariḥ pattíyon ke sihat baķhsh ne men muſíd hogá. Agar darmiyan is ma:z ke alámtén gastric yane khalish medeh ki numáyán howen aur nabz men imtalá ho, aur alámateñ bukhár shadíd kí pái jáwen to lená ķhún ká aur lagáná jokon ká epigastrium yane fam medeh men munásib hogá.

*Alámateñ qism adematoüs kí.*—Yih ărzah aksar unko láhaq hotá hai jo kí zaíf-ul-mizáj hote hain yá jinke badan men ratúbat bahut hotí hai. Jild badan kí zardí liye hue surkh aur zardí máyal bhúrī, chikní aur chamaktí huí hotí hai magar itní garm nahíñ hotí na itná dard hí hotá hai, jaisá ki pahlí donoñ qismon men bayán huá hai, muqám marz men ek ratúbat hotí hai aur dabáne se gaṛhá partá hai aur bāz auqát píb ke sáth gosht ká sádhawan milá huá hotá hai. Agar rang jild ká surkh se nílā, aur dard mauquf ho júwe to isse záhir hotá hai ki muqám

attacks the face and scalp, the danger arising from supervening inflammation of the brain or its membranes. In this form, there is some smart febrile indisposition for two or three days, then a redness appears on some part of the face from which it spreads over the entire face, forehead, scalp, and even further. There is swelling of the face, and particularly of the eyelids; there is also delirium, which is at first temporary, and afterwards constant, succeeded by drowsiness and coma; about the fourth day, vesications or desquamation of the cuticle comes on; in bad cases the cerebral symptoms increase, delirium becomes furious, or the patient becomes entirely insensible, and about the tenth or twelfth day, dies.

*Treatment of the œdematous variety.*—In this form, mild aperients, confinement to the horizontal position, warm fomentations, and in broken constitutions, tonics, such as quinine, cascarilla with soda or potass, camphor and wine are indicated. Pressure here also with bandages will be beneficial. Should the erysipelas terminate in gangrene, bark, wine and opium are to be given, and the bowels to be regulated by mild aperients. The nitrate of silver, either in substance or strong solution, will be found of the greatest service if thoroughly rubbed round the external circle of the inflammation, as it arrests the spreading of it, but great care must be taken that the circle is perfect, otherwise the inflammation will be sure to spread through the slightest opening.

#### *Questions.*

- Name the different varieties of erysipelas.
- What are the symptoms and treatment of the simple variety ?
- What are the symptoms and treatment of the phlegmonous variety ?
- What are the symptoms and treatment of the œdematous variety ?

#### **FEBRIS CONTINUA; CONTINUED FEVER.**

*Symptoms.*—In the first or premonitory stage, there is lassitude and disinclination to exertion, mental or bodily, dull aching pains in the back and limbs, sometimes a dull headache, with giddiness

andar se saṛh gayā hai. Yilm̄arz us sūrat men nihāyat khatarnāk hotā hai ki chehra aur khopří par paidá ho, kyunki dimāgh yá uske pardon men sozish á jáne ká khauf hai. Is tarah ki is marz men do yá tīn din tak tez bukhár kí hurárat rahtí hai aur bad iske kisi muqám par chehra kí surkhí numáyán hotí hai, aur waħán se tamám chehra aur máthe aur khopří par balki isse bhí ziyádah phail játí hai, aur chehra khasús áñkh ke papote súj játe hain, aur hisyán bhí hotá hai jo pahle bader nahín rahtá magar ákhir ko har-waqt, aur uske bād ghanúdgí aur behoshí wáqā hotí hai, aur qarib chauthé din ke áblah yá judá honá jild ká wáqā hotá hai. Dar-sūrat nihāyat bad qism ke hone is marz ke alámaten khalal dimāgh kí ziyádah hotí hain, yane hisyán men díwángí aur ghazab náqí pái játí hai, yá maríz bilkul behosh ho játá hai, aur qarib das yá bárah din ke mar játá hai.

*Maáljah.*—Is tarah kí bímári men istamái halkí mulayyan adwiyah ká aur sídhá pará rahná aur señkná, aur agar maríz zaíf-ul-mizaj ho to dená quinine, cascarilla ká hamráh soda yá potass, camphor yane káfúr aur wine ká munásib hai. Is mauqā par bhí dabáná bazariyah paṭtiyon ke musíd hai. Agar is marz men anjám kár muqám marz saṛh jáwe to bark, wine, aur opium den, aur rodon kí tartib balki adwiyah mulayyan se karen. Nitrate of silver khwá khushk, khwá tez ghulá huá nihāyat musíd páyá jáwegá agar bakhúbí gird sozish ke malá jáwe kyunki yih sozish ko taraqqí nahín karne detá magar iská bahut khyál rahe ki koí jagah gird men chhút ná jáwe nahín to sozish zarásí bhí jagah pákar phail jáwegí.

### Sawálát.

Mukhtalif qismen marz erysipelas kí býán karo?

Kyá alámaten aur iláj qism sádeh kí hote hain?

Kyá alámaten aur iláj balghamí qism kí hotí hain?

Kyá alámaten aur iláj qism cedematos kí hotí hain?

### FEBRIS CONTINUA, YANE TAP-I-DÁIMÍ.

*Alámaten.*—Is árzah ke darjah awwal men sustí hotí hai, aur soch o fikar aur mahnat aur kám ko dil nahín cháhtá, aur dard khaffí pusht aur azá men rahtá hai, aur baz waqt filjumlah dard

and faintness, occasional chilliness, followed by slight flushes, pulse in general weak, small and intermitting. In the second stage, there is coldness of the surface, with shivering pains in the back, loins, and limbs, pulse still weak and intermitting, respiration irregular and laborious, sometimes interrupted by sighing and yawning, a white viscid coating on the tongue, the digestion very much impaired, bowels constipated or relaxed, urine pale. After this stage has lasted for some time, the chilliness is interrupted by slight and partial flushings of heat, till the entire surface of the body becomes warm. This is the commencement of the third stage. In severe cases of this stage, there frequently occurs irregular distributions of blood. When the head is the seat of this irregular distribution, the symptoms are, intense pain in the forehead and temples, and sometimes furious delirium. To these symptoms are added, wakefulness, either total or partial; eyes suffused with blood, intolerance of light, pupils either dilated or very much contracted, pungent heat of the surface, the external senses either depraved or preternaturally excited. Should the lungs be the seat of this irregular distribution, the symptoms are, lividity of the countenance and of the lips, voice husky and hoarse from the accumulation of blood in the larynx, which may also extend to the pharynx, and there produce some pain in swallowing, sense of uneasiness in the chest, dyspnoea, and some cough. Should the intestinal mucous membrane be the seat of this preternatural accumulation of blood, there will either be constipation or a relaxed state of the bowels, the evacuations, in the latter case, consisting of dark colored vitiated bile and mucus; abdomen hard, distended, and sometimes painful on pressure, more especially in the right iliac region; the sanguineous accumulation may extend up to the jejunum, stomach, liver, and spleen. In this stage the pulse is generally full and frequent, skin hot, dry, and red, and in some cases covered with exanthematous patches, chiefly about the neck, breast, and joints; the tongue is of a bright red color, becomes brown and dry along the medial line, which soon extends to the tip and edges. The urine is now high colored and clear. There is generally an exacerbation towards evening, and a remis-

sir sáth daurán aur zauf ke hotá hai, kabhí kabhí badan ٹhandá hotá hai, aur bád iske garmí ke khassí shuálah ughte hain, nabz aksar zaíf aur bárík aur mutwaqqif hotí hai. Darjah doim men satah jism ká ٹhandá hotá hai, aur dard larzah ke sáth pusht aur kamar aur azá men hotá hai, aur is hálat men bhí nabz zaíf aur mutwaqqif hotí hai, aur dam beqáidah aur diqqat se átá hai, aur baze waqt basabab áh i sard aur khamyázah ke ruktá hai, aur zubán par sufed chamaktá huá mail hotá hai, házmah bahut bigar játá hai, rodah munqabiz hó játé hain yá dhíle par játé hain, aur pesháb zard hotá hai, bád iske ki yih darjah kuchh muddat rahá ho to ٹhandá rahná jism sáth gúnah shuálon harárat ke mauqúf ho játá hai, tá ánki bilkul satah jism ká garm ho játá hai. Ágház darjah soyam ká.—Is darjah kí sakht hálaton men aksar beqáidgí taqsím khún kí hotí hai, jis súrat men ki khún sir men se beqáidah taqsím hotá hai, to uskí alámaten yih hain ki máthe aur kanpaṭion men dard shadíd hotá hai, aur baze waqt hisyán khashamnák tári hotá hai, aur aláwah iu alámaton ke bekhwábí bhí mutlaq yá jazwí hotí hai, ánkhen khún se surkh ho játí hain, aur mutahmil roshní kí nahín hotín. Putliyán ánkhon kí yá to baṛh játí hain, yá ghaṭ játí hain, jild niháyat garm hotí hai, aur qawá-i-hawás záhirí men nuqsán ho játá hai, yá khiláf qáidah ziyádatí. Agar pheprah muqám is beqáidah taqsím ká ho, to alámaten uskí nilápan chehra aur honṭon ká hotí hain, basabab jamá ho jáne khún ke hinjrah men áwáz baith játí hai, aur agar yih khún taraf farynx yane muriye ke rujú kare, to nígalne men filjumlah dard paidá hotá hai, aur sínah men beárámí malúm hotí hai, dam charhtá hai, aur gúnah khápsí hotí hai, agar antariyon ke luábdár pardah muqám is beqáidah jamá ho jáne khún ke hon, to yá to qabz rahegá yá rodeh dhíle par jáwenge, aur is pichhlí hálat men dast mushtamil honge siyáh rang ke, ifasid sufrah aur ánw se shikam sakht aur taná huá rahegá, aur baze waqt dabáne se dard malúm hogá, khásúsan ziyádahtar dáhine nale men. Yih ijtamá khún ká phel saktá taraf jejunum yane sáyam aur medeh aur kabad aur tihál tak. Is darjah par nabz aksar auqát mumatlí aur sarh hotí hai, sur jild garm aur khushk aur surkh rahtí hai, aur baze waqt us par dáne ho játé hain khásúsan qarib gardan aur sínah aur bandog ke, zubán surkh aur tábandal hotí hai aur darmiyán-i-khat gan-

sion in the morning.

**Treatment.**—If at the early part of the disease, the congestion in the head, chest or abdomen be intense, and the patient's constitution warrant it, bleeding to the extent of twelve or twenty ounces should be employed; but if the disease has gone into the second stage, and the pulse, though frequent, is neither hard or very full, and the patient not be of a very vigorous habit of body, bleeding is not admissible. Should the head in such a case be the seat of congestion, it must be relieved by local blood letting, and by leeches applied to the forehead and temples; the head must also be shaved, and cold applications to it be employed. The same plan of treatment and the same limitations are to be observed when the thoracic viscera are the seat of congestion. When the respiration is laborious, and pain in the side is felt on taking in a full breath, bleeding must be freely employed, if not otherwise contra-indicated. Leeches should also be applied to the chest or side, until the symptoms are mitigated, and sometimes it will be necessary to apply them to the throat, when the larynx or trachea may be affected. In the early stage of the disease, five grains of calomel, five grains of James' powder, and ten grains of colocynth may be given at bed time, followed up in the morning with a brisk dose of salts and senna. The use of purgatives, if not otherwise contra-indicated, should be continued for the first three or four days, and then in ordinary cases, on alternate days. In order to diminish superficial heat, the body should be sponged frequently with cold water, or vinegar and water; this is only admissible when the skin is pungently hot and dry. The internal refrigerant medicines are, the neutral salts in small quantities, as mitre and cream of tartar, the acetate and citrate of ammonia. The common saline mixture may be easily made thus:

Epsom salts, one ounce.

Tartar emetic, two grains.

Sweet spirits of nitre, four drachms.

Water, twelve ounces.

dam gún aur khushk bhí játá hai, aur wuh pangat jald phantí hí hai nok sur kináron tak, is hálat men peshsb niháyat rangin áur sáf hotá hí, aur is áfrat meh amúman shám ke waqt taraqqí marz, sur subah ke waqt takhfif o ifaqat hotí hí.

*Madijah.*—Agar ibtidá-i-bimári men sir yá sínah yá shikam men niháyat khún jáma ho aur maríz ká jism bhí qabil is ke ho to fasl kijáwe aur báreh ounce se bis ounce tak khún liyá jáwe lekin agar marz dúsre darjeh par pahunchá ho aur nabz agarchi saríh ho lekin sakht aur bahut muttaleh na howe aur maríz záif-ul-badan ho to fasl lení munásib nahiñ hí. Agar aisi hálat men sir muqáam jáma hone khún ká ho to tanqiyah khás khún ká karná cháhiye záth lagáne joñkoñ ke peshání aur kanpatiyon par. Bál sir ke mund-wáne cháhiyen aur sard pattiyan sir par lagáwen. Yihí tadbír mašljah kí aur yihí qáiden malhúz rahan jab ki thorasic viscera yane sadar ke muqámon men jab ki jáma hone khún ke ho : jab ki dam diqqat se áta ho aur púre dam lene men pahlú men dard málum hotá ho, to beshak khátil khwá fasl lení cháhiye bashartíki kísí aur wajah se námunásib na ho. Jonkep bhí sínah yé pahlú par lagáni cháhiyen jab tak ki alámaten marz kí kam hojáwen aur baze waqt lagána joñkoñ ká gale par bhí zarúr hogá jab ki hinjre aur qasbat-úr-riyah men khalal ho. Awwal darjah bimári men páñch grain calomel aur páñch grain James' powder aur das grain colocynth sone ke waqt dewen aur bád uske subah ko tez mautsád salt aur senna ke. Istamál adwiyah mushil ká. Agar kuchh aur tadbír munásib na jání gaí ho jári raho waste awwal tín yá chár din ke aur bád aság yih adwiyah bich rasme hálton ke ek din bich dekar kám men láwey. Wáste kam karne bála-i-garmí ke jism aksar abi sard yá sirke aur páni se nam kiyá jáwe, magaryih bát sirf us waqt munásib hai jab ki jild aksar garam aur khushk ho. Andrúni sard karnewáli yane refrigerant adwiyat yih hai. Neutral salt bich mukhtasir mautsádon ke misal nitre, yane shorá aur cream of tartar aur acetate aur citrate of ammonia. Mushhúr namkín nuská ásáni se tayár ko sakte hai aur wuh yih hai.

Epsom salt, ek ounce.

Tartar emetic, do grain.

Sweet spirits of nitre, chár drachm.

Páni, báreh ounce.

Of this a wine glassful may be taken every six hours. For common drink, cold ice water may be allowed freely, or the imperial drink, made by dissolving a drachm of cream of tartar in a quart of water, and sweetening it. Free ventilation is of the utmost importance. Tonics or bitters should not be given till the tongue is clean and moist, and the skin cool. A little boiled or roasted chicken may then be allowed or a mutton chop. Great frequency of pulse and some headache often remain in fever patients, after all other symptoms are gone, these are the result of debility, they are to be remedied by improving the diet.

#### *Questions.*

- How many stages are there in a case of continued fever ?
- Describe the three stages as they generally occur ?
- What treatment should you adopt in each stage ?
- Is sponging the body with cold water admissible in all cases ?

When are tonics and bitters to be given ?

What effects often remain in fever patients, after all other symptoms are gone, and how is this state to be remedied ?

#### **FEBRIS INTERMITTENS; INTERMITTENT FEVER.**

The species or types of intermittent fever are quotidiants, tertians, and quartans, though very rarely a quintan, sextan, septiman or deciman may be met with, and still more rarely, a double tertian and octavan; these latter types are called "erratica," as the disease wanders out of its usual course.

**Symptoms.**—The fit or paroxysm of an intermittent commences with a sense of fatigue, dull muscular pains, particularly at the back and loins, a sense of chilliness, a sensation as if cold water was running down the back; this is followed by a creeping sensation over the surface of the body, with an erection of the papillæ of the skin. When this state has lasted some time, there are distinct shiverings; the face and limbs become shrunk, and the entire skin contracted. There is a dull heavy pain of the head, the mind becomes stupefied, the sensations all depraved, loss of appetite, nausea; the pulse in general is small and frequent, res-

Is men se is ká ek bhará huá wine' glass maríz har chhah ghante  
bad pí saktá hai. Wáste har waqt ke píne ke sard barf ká páni  
beshak diyá jáwe, yá ek drachm cream of tartar ek botal páni men,  
milákar aur shírin karke dewen bích ek botal páni ke. Baikhú bí  
hawá dení niháyat zarúr hai aur táwaqte ki zubán bilkul sáf na howe  
to ittamat adwiyah tonic yá bitter na kareñ. Ním josh diyá huá yá  
bhuhá huá chúzeh murgh yá mutton chop dená munásib hai. Aksar  
tezí-nabz aur sir dard tap ke maríz ko jab ke tamám aur alámateen  
rafa ho játi hain malum huá kartá hai to wuh babáis naqáhat yá  
kamzorí ke hotá hai to un ká iláj siraf ghizá-i-muqawwi hai.

## *Sawálát.*

**Kitne darje tap-i-dáimí ke hote hain?**

Bayán karo wuh tín darje jo ki amúman wáqa hote hain?

Kyá iláj ikhtiyar karoge bich tñ mukhtalif darjon ke?

Kyá nam karná jism ká thande pání se sab suraton men muná-sib hai?

**Kab adwiyah muqawwí aur talkh díjáwen?**

Jab ki tamám aur alámaten játí rahen marizán tap men kiyá  
aksar rah játé hain aur is ká iláj kyunkar kar sakte ho?

## FEBRIS INTERMITTENS: TAP-I-NAUBAT.

Qismen; yá alámateñ tap hág naubat kí yih hain, tap har rozah, tap sah rozah, tap rubeh, aur agarchi tap panj rozah, aur tap shasha rozah, aur tap haft rozah, aur tap dah rozah bahut kam hotí hain, lekin yih bhí hotí hain aur har chand niháyat kam, lekin tap sah rozah, aur tap hasht rozah aísí bhí dekhne men átí hain kidin men do martabah áwen, yih ákhír qism ke bukhár ghair taiyún kahláte hain, kyónki apne mamúlí taríq se báhar ho játe hain.

Alámatec.—Bári kí tap kí naubat kí shurú hotí hai, ma-  
lúm honá sustí aur khafif dard rag-o-puṭṭhe aur khasusau dard  
pusht aur kamar, aur sard hojáne jism se aisa malum hotá hai ki  
goyá ṭhanda páni pusht se níche ko daurta hai, aur had iske aisa  
malum hotá hai ki koí jánwar badan par rengta hai aur rongta  
badan ke khare hojáte hain. Bad kuchh der rahne is hélat ka  
badan mey ek saf larzáh hotá hai, chehráh aur tamám asá sukar  
játe hain, aur tamám post khipch játá hai. Sir mey dard hotá  
hai, dil mutwahish aur pareshán aur haw-  
haip, ishtahá sáqit :

piration hurried, and laborious, yawning, tongue white, mouth clammy, urine limpid, bowels torpid. Two hours is the average duration of the *cold* stage. The *hot* stage sets in with transient flushes of heat, which subside and re-appear, till at length the hot stage becomes permanently established; according as the hot fit comes on, the color of the skin becomes red, and sometimes turgid. The patient is very restless. The dullness and obtuse headache of the first stage is succeeded by acute and throbbing pains of the head; there is increased sensibility, respiration freer, but hurried and anxious; pulse strong, hard, and frequent; tongue furred with a brown coating and dry towards the centre; intense thirst, and often vomiting; urine high colored but clear, bowels still torpid. After this state has lasted for some time, a perspiration breaks out, first on the forehead, which ultimately becomes general and profuse; all the distressing symptoms of the preceding stage are now relieved. The functions of respiration, circulation, &c., are restored. The kidneys now secrete urine, which contains more than its ordinary quantity of salts, so that on cooling it yields a copious lateritious sediment; the tongue becomes nearly clean, and if the case be recent, the natural expression of countenance is restored; if it be one of long standing, the intermissions are not marked by so perfect a return to health.

*Treatment.*—If the case be recent, and the general health of the patient but little impaired, after the bowels have been well opened with five grains of calomel and thirty of jalap or kalladana, commence at once giving quinine, which is to be repeated every two or three hours during the intermission; but in natives I always try kutkarinja before giving quinine. “I can strongly recommend the following febrifuge pills, having administered them in hundreds of cases to natives; kutkarinja bruised three grains, black pepper one grain, assafetida one grain. Two of these pills to be given three times a day during the intermissions.” Some prefer giving eight or ten grains of quinine, with a full dose of laudanum immediately before the paroxysm. Other astringent

sarīh hotī hai, tanaffus tes aur bojhal hotā hai, jamāhiyāp átí hain,  
dahan luábdár, aur zubán sufed, aur pesháb sáf o shafás, aur rodah  
afsúdah ho játe hain. Mutwasat waqt rahne larzah ká do ghanṭe  
hain. Darjah garmí ká shurú hotā hai sáth nápáedár shuálog  
garmí ke jo ki kam ho játe hain aur phir záhir hote hain jab tak  
ki ákhir ká darjah garmí ká qayám pakar játā hai, aur jis qadar  
garmí átí játā hai rang jild ká surkh hotā játā hai, aur base waqt  
us men amás sá bhí hotā hai. Maríz bahut beqarár rahtá hai.  
Bád sustí aur dard-i-sir ƙhafíf darjah awwal ke-dard-i-sir shádíd  
shurú hotā hai, aur ghaflat pahlí sí nahín hotī, aur pahle kí nisbat  
dam zará ásání se áne lagtā hai, lekin jald aur muztarib. Nabz  
qawwí aur sakht aur sareh, aur zubán ƙhárdár hotī hai, aur us par  
gandum gún mail jam játā hai, aur bich men ƙhushk hotī hai,  
tishnagí ghálib, aur aksar istafrágh hotā hai, pesháb niháyat rangín  
lekin sáf hotā hai, aur rodah is hál men bhí afsúrdah rahte hain,  
bád rahne is hálat ke kuch ársah tak pasíná awwal peshání par  
numáyáp hotā hai, aur bád azán tamám badan par khul kar átā  
hai, aur us waqt tamám alámateñ taklíf dihandah hálat sábiq kí  
rasa ho játī hain, aur sáns aur daurah ƙhún waqhairah hálat aslí  
par á játā hai, is mauqa par gurdon men pesháb paidá hone lagtā  
hai, aur us men nisbat mámúl ke ziyádah shoriyat hotī hai, is  
qadar ki agar usko thane karen to us men bahut sá dard baith  
játā hai, zubán sáf sí ho játī hai, aur agar yih árzah jadíd ho to súrat  
chehráh kí bahyyat aslí ájátī hai, aur agar bímrí muddat kí ho,  
to hálat waqfa men koí alámat bilkul sihat ke hásil hone kí nahín  
pái játī.

*Maáljah.*—Agar yih marz thore dinon ká ho aur ám sihat men  
maríz kí kísí tarah ká bahut nuqsán na ho to bád kholne antariyon  
ke bazariañ páñch grain calomel aur tís grain jalap yá kásládánah  
ke dena quinine bilá tawaqqúf shurú karen aur isko do yá tín  
ghanṭe ke bád bar waqt na hone bukhár ke dete rahiñ. Main tákíd  
se salah detá hún dene hab hái dása bukhár marqúmat-uz-zail ke jo  
ki saikrón Hindustání marízon ko dí gaí hain katkaranjá yáne  
karanjwa tín grain, siyah mirch ek grain, hing ek grain, ek yá do in  
goliyon men kí din bhar men tín waqt dí jáwey. Báz tabíb dená  
katkaranja ká bamiqdár áth yá das grain quinine ke hamrah, ek  
púrí mautad laudánum ke qabal az shurú hone daureh bukhár ke  
bahtar jánte hain aur quinine is dawá se pahle nahín dete. Aur

barks have also been given in ague. Narcotine has been highly extolled. The metallic tonics also, as the sulphates of copper, iron and zinc ; the liquor arsenicalis or "Fowler's solution" has succeeded in cases where other means have failed. Should the case however be one of long standing, and have injured the functions of the several important organs, particularly those of the abdomen, should there be tenderness of the hypochondria, sluggishness of the bowels, muddiness of the skin, yellowness of the conjunctivæ, the urine depositing a lateritious sediment, even during the intermission, before giving the quinine, the bowels must be well cleaned out, and the liver and intestines must be stimulated to a healthier action. The diet during the intermission should be light and nutritious. With respect to the treatment during the paroxysm, at the *commencement* of the fit, some recommend an emetic, some a purgative, some the warm bath, and others, the free use of the lancet during the cold stage, a stimulating draught of camphor mixture with æther and opium, bland warm drinks should be given, nothing better than plain barley or congee water. In the *hot stage*, some of the bed clothes should be removed, and cooling drinks be given, such as lemonade, or the common imperial drink : the patient may be sponged all over with cold water and vinegar, or he may have a couple of mussocks of cold water poured over him, and then be well dried. Antimonial wine or powder may be given every two or three hours, whilst the heat lasts. When there is violent reaction, blood-letting is necessary. In the *sweating stage*, no medicines are necessary, but the greatest care must be taken that the patient is not suddenly chilled.

#### *Questions.*

Describe the different species or types of intermittent fever?

Describe the symptoms of the three stages in succession, as they usually occur ?

In a recent case of intermittent fever, what treatment should you adopt?

qism ke astringent barks, yane qábiz chhálen bhí tap larzah ke naubat men dí gaí hain. Narcotine yane adwiyah muskarát bhí is marz ke liye niháyat pasand kí gaí hain. Mádaní adwiyah muqawwí bhí misl sulphate of copper, loha aur zinc, ke pasundídeh hain, liquor arsenicalis yá Fowler's solution aksar marízon par mufid pará hai, jahán ki aur iláj qásir rahe hain. Agar marz derínah ho gayá ho aur us ne aksar azáe raísá kí táqaton ko ghatá diyá ho khasúsan quwwat shikam ko, aur agar hypochondria yane kokh men amáo aur ánton men sustí aur tírgí jild aur zardí conjunctivæ men ho, aur pesháb men ek dard bhí baithá ho, daráñhálíki bukhár bhí na ho to qabl az dene quinine ke rodon ká sáf karná zarúr hai, aur kabit aur ánton ko aisí tahrík deñ ki apní harkat basihat o durustí karne lagen, aur darmiyán waqfah is bímrá ke maríz ko ghizá muláyam aur muqawwí dená munásib hai, baliház maáljah ke ágház naubat men baze tabíb adwiyah muqawwí aur baze mushil aur baze garm pání se ghusl aur baze ziyádatí se lene khún ko darmiyán darjah sardí ke munásib jánte hain, baze ek mufarrih jarah camphor mixture shámil o sáth æther aur opium ke tajwíz karte hain. Latíf garm píne kí chízen dení cháhiyen, kuchh chíz bihtar nahín hai banisbat ásh i jau yá cháwal ke pání ke. Darjah garmí meñ kuchh kapre bistar ke haṭá diye jáwen, aur ashurbah bárid dí jáwen misl sharbat limon yá us sharbat ke jo bantá hai. Maríz ká tamám jism bazariyah sponge nam kiya já saktá hal áb i sard aur sirke se, yá uske úpar do mashken áb i sard kí chhořen, aur bád iske uská jism baķhúbí khushk karen. Antimonial wine yá antimongial powder do do yá tín tín ghanṭe bád de sakte hain jab tak ki garmí rahe. Jab ki marz basakhtí dobáre aud kare to khún lená zarúr hai. Bích darjah pasínah ke adwiyat kí kuchh zarúrat nahín, lekin niháyat ahtiyát malhúz rahe ki maríz dafaṭan ṭhandá na ho jáwe.

### *Sawálát.*

Bayán karo mukhtalif aqsám aur alámateñ tap-i-naubat kí ?

Bayán karo alámateñ un tín darjon kí batartíb jis tarah kí wuh aksar wáqá hotí hain ?

Agar tap naubat thore dinon se áti ho to kyá iláj karen ?

If the disease should be one of long standing, and the functions of the most important organs deranged, what should you then do ?

### FEBRIS REMITTENS; REMITTENT FEVER.

**Symptoms.**—The paroxysm of remittent fever commences with symptoms very like those of intermittent fever, viz., languors, lassitude, depression of spirits, a feeling of cold running down the back, and dull pain in the head: to these symptoms soon succeed delirium, nausea, vomiting, generally of bilious matter; sense of pain at the epigastrum and hypochondria; symptoms of pulmonary congestion, as dyspnoea, with a feeling of oppression at the chest, and some cough, a livid color of the countenance; pulse, and heat of the skin very variable, sometimes frequent and full; at other times, even during the delirium, it is little above the natural standard. The tongue is never natural, at first it is white, afterwards becomes dry in the centre, and at length its entire surface becomes covered with a dry fur; it sometimes puts on a glazed and red appearance. The urine is generally high colored, and deposits occasionally a lateritious sediment. The remissions generally occur in the morning, and in general, the principal exacerbation occurs towards the evening, which continues for the principal part of the night. To distinguish intermittent from remittent fever, should you find a *perfect* intermission, it is ague: if it be *imperfect*, it is called remittent fever.

To distinguish remittent from hectic fever; hectic fever is accompanied by obvious suppuration and a florid hue, entirely different from the livid or sallow hue of remittent fever. Remittent fever is characterized by a yellowish skin, nausea and sickness, sense of weight at the pit of the stomach, thick fur on the tongue, and a lateritious sediment in the urine, whereas in the hectic fever, the sediment is of a pink colour: the violent delirium so common in remittent fever, is very rare in hectic.

**Treatment.**—In the early stage of the disease, when the pulse is full and strong, the skin burning hot, the eyes suffused, coun-

Agar yih bimari madlat ki ho aur quwwat azai raissah zail ho ga ho tab kyakarnakahiye ?

### FEBRIS REMITTENS; YANE BARI KI TAP.

*Alamaten*.—Naubattap-i-remittent ki shur hoti hai sath alamaton ke jo ki bahut mushabah hoti hain, intermittent fever, yane tap-i-naubat se, yane naqah aur kasal-i-azai aur susti-i-hawas aur malum hona sardikat utarte hue pusht par aur khafif dard sir. Bad in alamaton ke fauran hizyan aur malish-i-dil aur istasfaragh sufrah amez aksar hota hai, aur malum hona dard kahani epigastrium yane bali medeh aur hypochondria yane zer kokh. Alamaten balgham ijtam-i-khun ki phepre men misal charhne dam ke, aur malum hona tangi kahani sinal men, aur filjumlah khanshi aur nulgun hona chehra ke rang kahani, nabz aur hararat jild ki bahut badalti rakti hai, nabz base waqt tez aur mumtal, aur base waqt halat hizyan men bhii hyat asli se kuchh hi ziyadah hoti hai. Zuban kabhi halat-i-asli par nahin hoti, pahle wuh sufed hoti hai, bad izan wast men khushk ho jati hai, aur akhirkar uske tamam satah khushk kanton se chhip jata hai, aur base waqt uski rangat chamakti huai aur surkh ho jati hai, peshab aksar nihayat surkh hota hai, aur kabhi kabhi usmen ek dard jamta hai ifaqah is marz men aksar subah ke waqt wafa hota hai, aur ziyadati amuman sharm ke waqt hoti hai, aur yih ziyadati-i-marz bahut rat gae tak rakti hai. Shanakht intermittent yane tap-i-naubat aur remittent fever ki yih hai, ki agar ifaqah bad bukhara ke kam ho to usko tap larzah kahate hain, aur agar ghair kam ho to wuh tap-i-remittent kahlati hai.

Aur farq darmiyana tap-i-remittent aur hectic fever, yane tap-i-diq ke yih hota hai ki tap-i-diq sath zahirat pakao aur surkh ke hoti hai bilkul mukhalif rang nulgun ya zard rang tap-i-remittent se. Tap-i-remittent men jild badan ki mayal bazarde hojati hai, aur malish-i-dil aur mandgi aur malum hona siqalat kahani fam-i-medeh par aur hajum kanton kahani zabana par aur baithna durd kahani peshab men hota hai, barkhilaf iske ki hectic fever yane tap-i-diq men rang durd kahani nafarmani hota hai, aur sakht hizyan jo ki aksar tap-i-remittent men hota hai tap-i-diq men bahut kam hota hai.

*Mashajah*.—Awwal darjah men is bimari ke jab nabz mumtal aur qawii hota hai, aur jild garam jalti huai aur ankhen muntashir, aur

tenance flushed, intense pain in the head, immediate and full venesection is indispensable ; should the first bleeding make no impression on the pulse, it should be repeated in eight or ten hours. Should you not have seen the patient till after the third or fourth day of the disease, the greatest caution must be adopted with regard to bleeding. Local bleeding by cupping or leeches will always be proper ; when there are symptoms of congestion or inflammation, the blood is to be taken from the vicinity of the organ affected. This should be followed up by copious purging, a powder of calomel and jalap being one of the best you can give. If the disease still appears disinclined to yield, the mercurial plan must be adopted without delay, but further bleeding is generally unnecessary and hurtful. Five grains of calomel, with or without opium according to the state of the stomach and bowels, are then to be given in a little syrup or jelly, and repeated every two or three hours, according to the urgency of the symptoms, and the degree of danger apprehended. Thirty or forty grains have generally produced salivation ; when this happens, all alarming symptoms disappear. A saline effervescent draught, with eight or ten minimis of tincture of henbane, is very efficacious in allaying the distressing sickness. Sponging the body with cold water and vinegar is useful in allaying the pungent heat of the skin. Cold applications also to the head, if there should be heat or pain there, will afford great relief ; a bladder filled with pounded ice is the most convenient form. During the febrile state, the diet must be restricted to the lightest and most cooling diluents, such as ice water, tamarind tea, lemonade, &c.

During convalescence, and after recovery, strict attention to the bowels and the diet, must be paid ; change of air, mild tonics, and light nutritious food, are of the utmost importance.

#### *Questions.*

Describe the symptoms of remittent fever ?

How do you distinguish remittent from intermittent fever ; and remittent from hectic fever ?

In the early stage of the disease, what is the proper treatment to be followed ?

chehrah tamtamáyáhuá aur dard-i-sir shadíd to fauran achchí tarah khún lená zarúriyát se hai, aur agar pahlí fasd kuchh asar nabz ki tezí par na kare to áth yá das ghanṭe bād mukarrar fasd líjáwe. Agar tum ne maríz ko bād láhaq hone bímári ke tín yá chár din tak nahín dekhá hai to barí ihtiyyát malhúz rakhní cháhiye baliház fasd ke. Tanqiya khás pachhno yá jonkon se hameshah munásib hogá, aur jab ki alámaten jamáhone khún yá sozish kí namúdár hon to us azu ke qaríb se jis men khalal ho khún lená cháhiye aur bād iske bare bare julláb diye jáwen, ek powder calomel aur jalap ke niháyat bahtar hai. Agar isse bhí marz ko ifáqat na ho to bilá tákhir dená páre ká ikhtiyár karen, lekin ziyádah barín khún lená aksar auqát muzhir hai. Is súrat men pánch grain calomel hamráh opium yá baghair opium hasb hálat medeh aur rodop ke thore se shírah yá jelly men diyá jáwe aur bamújib zarúrat alámaton aur darjah andeshe ke do do, tíu tín ghanṭe bād yih dawá mukarrar aur mutawátil dewen. Tís yá chális grain dene se aksar munh ajátá hai, aur jab ki yih wáqá hotá hai to tamám alámaten bad rafa hojáti hai, ek saline effervescing yané ek namkín urningáli mautád sáth áth yá das qatrah tincture henbane ke waste kam karne taklífát árzah ke bahut asar rakhtá hai.

Sponge karná jism ká áb-i-sard aur sirká se wáste kam karne harárat shadíd jild ke bahut muſíd hai, aur agar sir men garmí aur dard malúm hotá ho to sard chizon ká sir par lagáná bhí bahut tiskín detá hai ek phukná bhará huá kúte hue barf ká niháyat munásib tarkíb hai. Darmiyán darjah harárat ke cháhiye kí ghizí niháyat darjah kí sard karne wáli raqíq chízon ke ho misl áb-i-barf aur áb-i-tamarind yané imlí aur sharbat límon wághairon ke. Asnái naqáhat men aur bād sihat yábí ke rodeh aur ghizá kí taraf niháyat tawajjah malhúz rahe; tabdil-i-hawá aur halkí adwiyah muqawwi aur subuk táqat bakhsh ghizáen niháyat fáidahmand hoti hai.

### *Sawálá.*

Alámaten tap-i-remittent ki kyá hai?

Kis tarah tamíz karte ho darmiyán tap-i-remittent aur tap-i-naubat ke, aur darmiyán tap-i-remittent aur tap-i-diq ke?

Ibtidáe darjah bímári mazkúr men konsá iláj munásib ámal men láná cháhiye?

Should you not have seen the patient till after the third or fourth day, what should you then do ?

What effect has salivation on the patient ?

### FEBRIS TYPHOID ; TYPHUS FEVER.

There are two varieties of typhus, the typhus mitior or mild form, and the typhus gravior, or malignant form.

*Symptoms.*—At first the patient is seized with languor, dejection of spirits, great debility and loss of muscular strength, universal weariness and soreness, pains in the head, back, and extremities, rigors, the eyes appear full, heavy, yellowish, and often a little inflamed ; the temporal arteries throb ; the tongue is covered with a brownish coloured mucus, which soon becomes dry and parched, the proper taste is lost, the respiration is commonly laborious and interrupted with deep sighing, the breath is offensive and hot, the bowels costive ; the urine natural or pale, the pulse is frequent, small, hard and fluttering, the slightest thing causing it to become very rapid and unequal. There is sometimes a great load, feeling of heat and oppression of the stomach, and frequently bilious vomitings. As the disease advances, the pulse increases in frequency. There is now great debility, and great heat and dryness of the skin, oppression of the heart, with anxiety, sighing, and moaning ; the thirst is generally moderate, and the tongue, gums, teeth, mouth and lips are covered with a brown or blackish fur ; the speech becomes inarticulate, scarcely intelligible, the patient consequently mutters, and is mostly very delirious. The fever continuing to increase still more in violence, symptoms of putrefaction show themselves ; the breath becomes highly offensive, the urine deposits a black and foetid sediment, the stools are dark, offensive and pass involuntarily ; haemorrhages issue from the gums, nostrils, mouth, and other parts of the body. Purpurae or livid spots appear on the body, the pulse intermits and sinks ; the extremities become cold, hiccough ensues, and the patient dies.

*Treatment.*—At the commencement of the disease, if the patient should be of a full habit of body and young, bleeding from the arm in a full stream until fainting is produced, will afford

Agar tum ne mariz ko tin ya char din bad tak nahin dekhia hai tab tum ko kyaa karnaa chahiyee?

Kyaa astar rakhtaa hai ana munh ka mariz par?

### FEBRIS TYPHOID ; YANE TYPHUS FEVER.

Tap-i-typhus ki do qism hoti hain, yane typhus khaffi aur typhus shadid.

*Alamaten.*—Mariz par awal susti aur udasi aur natawanai aur nuqs-i-quwae rag-o-puthe, aur dard, aur mandgi tamam azaai ke, aur dard sir, aur dard kamar, aur dard dast-o-pa, aur larzah tari hota hai, ankhay bharai huai, aur bhari, aur zard malyal, aur aksar sozish alud ho jati hain, aur shiryani sudagh dharakti hain, zuban sath ek bhure se rang ke luab ke dhak jati hai, jo luab ki jald khushk ho jata hai zaiqah munh ka bigar jata hai, dam aksar diqqat se ataa hai aur uske sath mariz ah sard bhartaa hai, aur sans budar aur garam hota hai, anten munqabiz, peshab bahalat-i-asli ya zard, nabz sarah aur bairik aur sakht aur muhtar hoti hai, halki si halki chiz use tezrau, aur muhtar, aur nhamwarr kar deti hai. Is marz men mariz ko aksar auqat baraa bár rahtaa hai aur badan men hararat aur bojh sa malum hota hai, aur pit amez qai ati hain. Jon jon bimari bahti hai, surat nabz ki ziyadah hoti jati hai. Is halat men mariz ko bari natawanai ho jati hai, aur bari garni aur khushkii jild ki aur dil par fikar, aur taraddud, aur ah sard aur gham se baraa sadma guzartaa hai, piyasa aksar atidal par hoti hai, aur zuban, aur masure, aur dant, aur munh, aur hontron par, bhure ya siyah malyal khair ho jate hain, aur mariz alfaz jo ki mushkil se samajh men awen boltaa hai, aur islisyee barhbarehataa hai, aur aksar usko nihayat hizyan hota hai, aur jab ki tap ziyadahtar sakht ho jati hai alamaten sare jaane ki zahir hoti hain, dam nihayat mutaaffin ho jata hai, peshab men ek siyah aur badbudaar durd baithtaa hai, aur dast siyah aur badbu ke hote hain, aur khud bakhud nikal jate hain, aur masuron, aur nathron aur munh aur ajzai jism se khun jari hota hai. Nile dhabbe jism par zahir ho jate hain, nabz mutuwaqqif aur nihayat zaif ho jati hai, hath paon sard ho jate hain, hichkiyap slurup ho jati hain, aur mariz mar jata hai.

*Maqijah.*—Ibtidai bimari maskur men basbartiki mariz tewana aur jawan ho, khun ka lena basu se jab tak us par suno ghashi ayad ho bahut musid hogi, lekin natawan jism mariz ke liye

great relief, but this treatment is not proper in impaired constitutions, or in any stage of the malignant form. This should be followed up by an emetic, an opiate, and a cordial diaphoretic; pouring cold water over the head and body from a height has often checked the disease at the commencement, but this remedy should not be used after the first three days, as it is too exhausting. The bowels ought to be moved by castor oil or Gregory's powder, in order that no acrid matter may be lodged in them. The surface of the body should be frequently sponged with cold water and vinegar. Should there be tendency to any local inflammation, this must be reduced by the judicious use of leeches, blisters, and spirituous lotions, after which the sulphate of quinine should be administered, according to the strength of the individual. Acids of all kinds and acidulous drinks are of great use in typhus, as they allay the heat, tranquillize the restlessness, support the strength, and oppose the tendency to putrefaction. Wine must be given with the greatest caution, and the quantity gradually increased, otherwise the stimulus would produce exhaustion, and increased torpidity. Great attention must be paid to the state of the bowels; when sufficiently evacuated, broth and jellies may alternately be allowed: his bed clothes should be light and frequently changed as well as his body linen: his evacuations of every kind should be immediately removed, and above all things, his bed-room be freely ventilated, and if the patients be numerous fumigation with chlorine gas should not be neglected. As the disease is of a highly infectious character, the individual affected should be removed from his family or associates, as soon as possible, and all communication with his attendants to be as little as possible.

#### *Questions.*

How many varieties of typhus fever are there, and what are they called?

What are the symptoms at the commencement of the disease?

As the disease advances, what further symptoms arise?

At the commencement of the disease, what treatment should you adopt?

What effect have acids on the disease?

Is the disease considered infectious?

yá kisi darjah men is tap ke dusri qism ke yih ilaj munasib nahin hai. Bad iske adwiyah muqawwi aur adwiyah khwabawar aur mufarrah-ul-qalab aur pasinah lanewali di javeen, aur ab i sard ki ek dhara bulandi se sir aur jism par dalne aur tarere ne aksar is bimari ko aghaz men rok diyai hai, lekin yih ilaj kam men lanai nahin chahiye bad awwal tin din ke, kyunki yih ilaj nihayat saif aur khali kar denewala hai. Rodeh castor oil yane arandi ke tel aur Gregory's powder se saf ki javeen, taki ko mawad tursi-o-talaikh un men na rah jave, satah jism ka aksar bazariah sponge nam kiyai jave ab i sard aur sirkah se. Agar kisi muqam par sozish si malum howe, to wuh ghatia di jave saath munasib istamal jognkop aur blistaroon aur spirituous lotions ke, aur bad iske sulphate of quinine bamujib taqat mariz ke di jave. Hamuziyat tamam qism ki aur ashurbah tursh tap typhus men nihayat muddi hote hain, kyunki weh hararat ko kam karte hain, aur izarab o besarami ko faidah bakhshte hain, taqat ko thamte hain, aur bo-sidgi aur sarjane ko rokte hain. Sharab soch o samajh kar deni chahiye, aur miqdar iski batadrif ziyadah ki jave, aur dar surat adam ahtiyat o natqat aur garmi ziyadah karegi. Hatal rodeh par bari tawajjah masruf rakhni chahiye, jab ki weh bakhubhi khali ho gae hain. Yakhni aur jelies ki bari bari se ijazat di jave, mariz ka bistar sabak hona chahiye, balki bistar aur uske badan ke kapre aksar badalne chahiye, uske dast aur qai waghairah fauran hatia dene chahiye, aur in sab se ziyadah yih bat malhuza rahe ki uske bistargah men bahut hawatii rahe, aur agar bimari bahut hop to chlorine gas jalane aur uske dhuyen ki khushbu pahunchane men taghfif na karen. Chunki yih bimari nihayat mutadi hai, to mariz ko uske khandan ya aur rasqa men se hatiulwasaa jald alag kar dena chahiye, aur uske bimardaron se bhii hatiulimkan amad-o-raast kam kar deni chahiye.

### Sawalai.

- Kitne aqsam tap typhus ke hain, aur wuh kyai kahlai jati hain ?  
 Kyai hain wuh alamateen jo ki is bimari ke shurup hoti hain ?  
 Jup jup bimari barhti jati hai kyai ziyadahtar alamateen paida hoti hain ?  
 Shurup marz men kyai ilaj karnai chahiye ?  
 Hamuziyat is bimari men kyai tasir rakhte hain ?  
 Kyai is bimari ko mutadi kheyali karte hain ?

## GASTRITIS; INFLAMMATION OF THE STOMACH.

*Symptoms.*—Pain in the pit of the stomach, increased by pressure, so that the slightest, the weight of the bed clothes, or any muscular effort will cause distress; a burning thirst, and a desire for cold drinks, the fluid when swallowed, almost instantly ejected by vomiting; constant nausea, and disposition to vomit; a sensation of burning often extending from the oesophagus to the pharynx; hiccup; heat in the epigastric region, sometimes very great, whilst the extremities are cold. The tongue is generally red at the tip and edge; when the disease has been of long standing, it is observed to be red, glazed, and smooth. The breathing anxious and difficult; pulse quick, small and hard; the bowels constipated; great prostration of strength; countenance very anxious, and the patient is restless and complains much. Acute gastritis if not quickly subdued, soon proves fatal. It is produced by many causes, such as cold applied to the body when heated, or to the inner surface of the stomach when the body is overheated, as eating an ice or drinking iced water, causing at times sudden death; at other times the sudden cessation of gout in an extremity has produced the disease; a stone passing from the kidney has also caused it; great grief or great fatigue has sometimes produced it; it is also easily produced by acrid matter taken into the stomach, such as corrosive sublimate, cantharides, or the mineral acids in large doses.

*Treatment.*—In the acute form just described, you must first endeavor to discover the cause of the disease. If it arises from poison, you must neutralize it if possible, or use the stomach pump, but if you have not one at hand, employ emetics. If the disease arises from simple cold, you must first bleed generally, regulating it by the strength of the patient, and the state of the pulse; then apply leeches to the pit of the stomach, the number being regulated by the age and strength of the patient; the bowels are to be kept open by enemas. Give cold drinks, either pure ice water or lemonade, consulting the patient's feelings in this matter; avoid giving the slightest stimulant. When the patient

## GASTRITIS ; YANE-SOZISH MEDEH.

**Alámatép.**—Fum-i-medeh men dard hotá hai, aur dabáne se ziyádah ho játé hai, hattá ki zará se chhúne aur bár párcheh bistar, yá kíáí puṭṭhé kí barkat se bahut taklíf hotí hai; tishnagí kamál, sur khwáhish, ashrubah sard kí ho játí hai, aur maríz jo kuchh pítá hai fauran qai kar detá hai, hameshah ghisyán aur tabiat máyal baistafarágh rahtí hai. Malúm honá sozish ká jo ki aksar phaití hai œsophagus yané hulgum se pharynx yané mure tak, aur hichkiyán átí hain aur bála-i-medeh garmí hotí hai jo ki baze waqt bahut ziyádah hojátí hai us hálat men háth páñw sard rahte hain, zubán aksar auqát nok aur kináron ke pás se surkh hotí hai. Jab ki is bímarí ko muddat guzar gaí hai to zubán surkh aur tábindeh aur shaffáf dekhí gáí hai, aur tanassús pareshán aur dushwár hotá hai, nabz tez aur bárík aur sakht, rodeh munqabiz rahte hain, aur táqat záyal hojátí hai, chehreh par maríz ke bulut tashwísh páí játí hai, aur wuh bahut beqarár aur shágí rahtá hai. Agar sozish shadíd medeh ká fauran dafá ná ho to wuh jald már dáltá hai. Yih marz chand báisogn se paidá hotá hai, maslan asar hone sardí ke jism par jabki badan garam ho, yá pahúñchne se šardí ke satah medeh men jab ki jism ziyádah garm ho, misl kháne baraf yá píne baraf ke páni ke jis ke sabáb ədmí kabhí kabhí dafatan marjátá hai aur baz waqt basabab dafatan thahar jáne marz niqras ke níche ke badan men, yih ərzah paidá ho gayá hai. Basabab utarne sang rezah ke gurdah se bhí yih bímarí ho játí hai, aur ranj azím aur barí koft, aur thakáwaṭ men bhí is bímarí ko paidá kiyá hai, aur aisá bhí huá hai ki basabab medeh men jáne tursh chízon ke misl corrosive sublimate, telní makkhí yá bare maūtádon tezáboñ mádoní ke yih marz baásání paidá huá hai.

**Maqíjah.**—Is bímarí kí qism shadíd men jiská zikar abhí ho chukán hai, awwal cháhiye ki báis bímarí ká daryáft karen. Agar wuh zahar se paidá huí ho to cháhiye ki use bashart imkán nikálen, yá stomach pump kám men láwen, aur agar yih alah maujúd ná ho, to adwiyah qaiáwar den. Agar bímarí mazkúr paidá huí hai sirf sardí se, to awwal tanqiyah ám fasd se karná cháhiye, bamujib táqat maríz aur hálat-i-nabz ke; bad iske joken fam-i-medeh par lagáwen, magar tādád unkí bamujib umr aur táqat maríz ke ho. Rodeh khole-jáwen záth pichkári ke: Ashrúbeh sard yá khális áb-i-barf yá sharbat limon dewen, magar is báb men maríz kí khwáhish púchhí jáwe. Dene se halkí se halkí muharrik dawá ke ahtaráz rahe. Jab ki maríz ko

is convalescent, the return to diet must be carefully regulated and should consist chiefly of farinaceous substances, with mild broths.

*Symptoms of chronic Gastritis.*—These are the same as in the acute form, but less severe.

*Treatment.*—This should consist chiefly in strict attention to diet and regimen, avoiding all stimulants, and applying a few leeches occasionally to the pit of the stomach, and sometimes blisters, or tartar emetic ointment; the bowels to be kept open by enemas.

#### *Questions.*

What are the symptoms of acute gastritis ?

Name some of the causes that induce this disease ?

What treatment should you adopt in acute gastritis ?

What are the symptoms of chronic gastritis ?

What treatment ought you to adopt in chronic gastritis ?

#### GONORRHEA.

Gonorrhœa is a specific inflammation of the mucous membrane of the urethra, with a mucopurulent discharge peculiar to the disease, and is of a purely local nature.

*Symptoms.*—It follows “ coitus” at different distances of time, generally earlier when it is a first attack, it is then also much more severe. It may commence in a few hours after, by the patient feeling a peculiar sensation at the external opening of the urethra, of a tingling nature; next there is a frequent inclination to make water, soon accompanied with a scalding pain, then a discharge of thin mucous. The desire to void the urine now becomes incessant, the pain in making it most acute, and a disagreeable itching is felt in the perinæum, and about the anus. After making water severe pain darts along the urethra under the pubes to the bladder, and considerable tenderness is felt in the groins and testicles and pain in the perinæum. The penis is now much swollen, particularly the prepuce and glands. During the night time, the penis has a constant disposition to erect, assumes a curved shape, and is acutely painful, this is called “chordee;” the patient gets out of bed very often, either to

ifáqat hásil ho ghizá niháyat ahtiyát se hasb qáide dení cháhiye aur cháhiye ki ghizá-i-mnahtamil ho, aksar raqíq o muqawwí ashíyá se sáth halke shurbáon ke.

*Alámateñ sozish-i-kohnch medeh kí.*—Yih alámateñ hain waisí hí jaisí ki qism shadíd men hotí hain, lekin waisí sakht nahíp hotíp.

*Maáljah.*—Cháhiye ki is men aksar libáz ghizá aur parhez ká niháyat malhúz rabe, aur kisi qism kí muharrik chízen na den aur chaand jonken kabhí kabhí fam-i-medeh par aur baze waqt blister, yá marham tartar emetic lagáwen; aur rodeh bazariañ pichkárí ke kholdi jáwen.

### Sawdát.

Kyá hain alámateñ sozish shadíd medeh kí?

Bayán karo baze un báison ko jo ki sabab paidá hone is bímári ke hote hain?

Kyá maáljah iktiyár karná cháhiye sozish shadíd medeh men?

Kyá hain alámateñ sozish kohnch medeh kí?

Kyá maáljah karná cháhiye sozish kohnch medeh men?

### GONORRHCEA; YANE SOZÁK.

Is marz men us jhillí men jo ki mujrái boul men hai, sozish ho játí hai, sáth ikhráj-i-rímdár mawád fásid ke jo ki khástan is bímári ke liye hai, aur muqám-i-marz hí se nikaltá hai.

*Alámateñ.*—Yih marz bäd jimá ke jaldí yá bader magar aksar auqát jald wáqa hotá hai, jis súrat men ki yih marz pahle pahal wáqa hotá hai, to wuh ziyádah sakht hotá hai, baze waqt wuh shurú hotá hai chand ghante bäd jimá ke, aur maríz ko malum detí hai ek khás qism kí khalaish munh par niyázah ke, bäd iske aksar ahtibás pesháb ká hotá hai, aur fauran bäd iske sozish ke sáth dard hotá hai, aur tab ikhráj raqíq rím ká hotá hai. Is hálat men hájat rafa karne boul kí dambadam hotí hai, aur uske karne men dard niháyat shadíd hotá hai, aur perinæum yane síwan men aur gird miqád ke ek khárish napasandídah malum hotí hai. Bäd pesháb karne ke dard shadíd tamám ráh pesháb men níche se muqám dahan masánah tak chabak mártí hai, aur chaddon aur baizon aur síwan men chhúne se taklíf hotí hai. Is hálat men užv tanásul bahut súj játá hai, khasúsan muqám qulfah aur ghadúd. Rát ke waqt užv tanásul men istádgí raftí hai, aur khamí ho játí hai, aur us men dard shadíd hotá hai, aur is hálat ko chordee kahte hain.

subdue this state, or to make water. The discharge is now very copious, of a thick consistence, and a greenish color. This may be considered the first stage of the disease, and should be treated actively. If remedial means have not been employed, the preceding symptoms continue commonly for ten or twelve days, the inclination to make water and the scalding begin to abate; the swelling of the penis, and the disposition to erect, decreases; the discharge is of a whiter hue and thicker consistence, and flows more copiously. This state continues for some days, then the symptoms become progressively milder, until the scalding and chordæe cease, and the discharge changes to a glary fluid, which, with the inability to retain the urine for the same length of time as in health, constitutes "gleet."

*Treatment.*—In the first stage leeches should be applied to the urethral aspect of the penis from the frænum to the anus, then warm fomentations and the hip bath, perfect rest, low diet, diuretic and mucilaginous drinks, such as linseed tea, barley or congee water, should be drank in large quantities, assisted with saline aperients and the mixture aqua potassæ. Before retiring to rest, the penis should be bound down on the perinæum, with a piece of linen cloth interposed, in order to prevent chordæe, and an opiate of hyoscyamus and half a grain of extract of belladonna inserted into the anus: some prefer three grains of camphor, forty drops of laudauum, and one ounce of water in form of a draught, to be taken at bed time. A suspensory bandage must be worn day and night. In the second stage, that is, when the scalding begins to abate, a drachm of powdered cubebæ, mixed with a scruple of balsam copaibæ, should be mixed thoroughly in an ounce of mucilage of gum arabic, and given at first twice, then thrice, four and five times a day, if the stomach will retain it; this will generally check the disease in a few days, but the medicine should be continued for a few days longer, diminishing the dose very gradually. Stimulants of every kind must be strictly avoided, but if the patient cannot or will not do without something of the sort, good sherry or weak gin and water will be found the least irritative.

Maríz aksar auqát bistar se uñhtá hai, khwá wáste kam karne is hálat ke, yá pesháb karne ke. Ab ikehráj-i-mawád bakasrat hotá hai, aur wuh gárhá aur sabzí mál hotá hai. Yih pahlá darjah is bímári ká hai, aur cháhiye ki iská bandobast chustí se kiyá jáwe. Agar maáljah amal men nahín áyá hai, to alámaten marqúmah bálá amúman járí rahtí hain wáste das yá bárah din ke. Khwáhish pesháb karne kí aur sozish kam honí shurú hotí hai, aur sújan uvwxyz tanásul kí aur dard aur istádgí kam ho játí hai, mawád kí rangat kuchh sufed ho játí hai, aur wuh ziyádah gárhá ho játá hai, aur ziyádah ifrát se nikaltá hai. Yih hálat chand roz tak rahtí hai, aur tab alámaton men farq par játá hai, tawaqtíki sozish aur istádgí mauquf ho játí hai, aur mawád men shafáfi á játí hai, aur maríz pesháb ko is ársah tak rok nahín saktá jaisá ki sihat men rok saktá thá, aur usko jiryán maní kahte hain.

*Maáljah.*—Darjah awwal men cháhiye ki jonken muqám frænum se miqad tak síwan men lagúi jáwen, bádhú señkná aur kúle tak garm pání men baiñhná aur kisí qism ká harj na karná, aur kam ghizá par rahná munásib hai, aur adwiyah mudir aur luábdár ashurbah, aur inkí madad ke liye namkín adwiyah mulayyan aur mixture of liquor potassæ dewen, qabl az sone ke cháhiye ki uvwxyz tanásul báñdhá jáwe síwan par sáh ek tukre párchah malmal ke wáste rokne istádgí aur dard ke. Aur ek dawáí khwábáwar misl hyoscyamus aur nisf grain extract of belladonna ke andar miqad ke rakkhí jáwo, báze munásib jánte hain tín grain kásfur aur chálís qaträh laudanum, aur ek ounce pání bataur tabríd ke sote waqt piyá jáwe, ek bandish áwezán din rát rakkhí jáwe. Darjah doyam men yane jab ki sozish shurú bakamí hotí hai ek drachm cubebs pisí-huí makhlút sáh ek scruple balsam copaibæ ke cháhiye ki bilkul makhlút kí jáwe bich ek ounce luábdár samagh Árbí ke dí jáwe, awwal do dafah aur bád aizán tín aur chár aur pánch dafah ek din men bashartíki medch use qabúl kare, yih aksar rokegá bímári mazkúr ko chand roz men, lekin cháhiye ki yih dawá járí rahe chand roz ziyádah, magar māutáden iskí kam kar dí jáwen. Tez dawáen har ek qism kí cháhiye ki na dí jáwen, lekin agar maríz nahín rah saktá hai baghair kisí is qism kí chíz ke, achchhí-sharáh sherry yá kamzor jin aur pání aur chízon se ziyádah kam khalish paidá karegá.

*Questions.*

**What is the nature of the disease called gonorrhœa ?**

**Describe the symptoms which appear in the first stage of the disease ?**

**What are the symptoms of the second stage ?**

**What treatment should you adopt in the first stage ?**

**What treatment in the second stage ?**

**HŒMOPTYSIS ; SPITTING OF BLOOD.**

This disease may occur under three forms; 1st, from the bronchial mucous membrane; 2nd, from pulmonary apoplexy, and 3rdly, from rupture of a blood vessel in a tubercular cavity of the lungs.

*Symptoms of the first form.*—This is the most common, and generally attacks women whose monthly discharges are deficient or entirely suppressed. It may also occur in men. It is preceded by cough, with more or less difficulty of breathing, the pulse is generally quick and bounding, the expectoration resembles red currant or putwah jelly, the discharge is sometimes copious, but generally moderate in quantity and very frothy.

*Treatment of the first form.*—Should the patient be plethoric, and there be signs of irregular determination of blood, venesection will be necessary. The patient should be kept in a recumbent position, perfectly quiet, and abstain from every thing stimulating: he should be placed in a large cool room, and the bowels frequently opened by saline purgatives. Should the bleeding still continue with a strong pulse, nauseating doses of tartar emetic should be given; after the congestion is removed, the sugar of lead, either with or without opium, should be given.

*Symptoms of the second form.*—There is chilliness, the extremities are cold, followed by flushes of heat and redness of the cheeks, headache, quick and hard pulse; palpitation and oppression of the heart, the discharge from the lungs attended with great difficulty of breathing, a feeling of suffocation in the chest, sometimes pain: the pulse is now frequent, full and vibrating.

*Sawálát.*

**Makhsús sozák kyá hotá hai ?**

Bayán karo alámaten jo ki záhir hotí hain darjah awwal bímári mazkúr men ?

Kyá hain alámaten darjah doyam kí ?

Kyá iláj ikhtiyár karná cháhiye darjah awwal men ?

Kyá iláj darjah doyam men karen ?

**HÖMOPTYSIS ; YANE THÚKNÁ KHÚN KÁ.**

Yih bímári wáqṣ ho saktí hai tín tarah par; awwal, bronchitis, yane us parde se jo ki arúq khishnah par hotá hai; doyam, pulmonary apoplexy, yane bhar jáne se khún ke phepre men, aur tísri, phat jáne se kisí rag ke mutaliqah phepron ke.

*Alámaten.*—Qism awwal kí yih bímári aksar áid hotí hai auraton ko jab ki ayám haiz men qasúr hai yá bilkul band ho gae hain. Yih marz mardon ko bhí ho saktá hai, iske pahle khánsí hotí hai aur dam kam o besh mushkil se átá hai, aur nabz aksar tez aur jihandah hotí hai, aur balgham mushábah hotá hai, surkh kakronde yá paṭwá jelly se, ikráj khún baz waqt bahut kasrat se hotá hai, lekin aksar miqdár men baatidál aur kaf ámez hotá hai.

*Maṭjah qism awwal ká.*—Agar maríz damví mijzáj ho, aur alámaten beqáidah thaharne khún kí maujúd hon, to fasd ká lená zarúr hai. Cháhiye ki maríz jhuká huá aur bilkul chupká letá rahá kare, aur párhez kare harek tez chíz se, aur bare sard makkán meg rahe, aur rode aksar khole jáwen sáth namkín jullábon ke. Agar khún ká ána is par bhí jári rahe aur nabz qawí ho, to jí matláne wáli mautáden tartar emetic kí dí jáwen, bad iske ki thahrá huá khún phail jáwe, to sugar of lead khwá sáth opium ke yá baghair uske dená cháhiye.

*Alámaten qism doyam kí.*—Is qism men badan men khun-kí rahtí hai, aur háth páñw sard hote hain, aur bad iske shua-lah garmí ke ughte hain, aur surkhí ruḥsáron kí, aur dard sir aur nabz tez aur sakht hotí hai, dharaṇá aur iżtaráb-i-dil, aur ikráj khún phepron se, aur iske sáth ána dam ká diqqat se, aur malúm honá ghutná dam ká chháti men, aur baze auqát dard rahtá hai. Is hálat men nabz sarı aur mumtalí aur tapáu hotí hai.

*Treatment of the second form.*—This must depend on the state of the lungs, age, constitution of the patient, and quantity of blood lost. Copious bleeding even to fainting, perfect rest, absolute silence, the wants of the patient must be conveyed by signs as far as practicable, cool air, nauseating doses of antimony: acidulated drinks, and sugar of lead in doses of two or three grains every third or fourth hour.

*Symptoms and Treatment of the third form.*—Will be described when speaking of phthisis.

#### *Questions.*

Describe the different forms under which the disease may occur?

What are the symptoms of the first form ?

What is the treatment to be followed in the first form ?

What are the symptoms and treatment of the second form ?

#### **HŒMORRHIODS; PILES.**

*Symptoms.*—Sense of heat and pain at the rectum and in the loins, headache, giddiness, flatulence, feverishness, restless nights, scanty and high colored urine, with a frequent desire to void the urine and fœces: there is sometimes pain and bleeding when the patient has an evacuation.

*Treatment.*—Should the pulse be full and strong, you should bleed from the arm, and give two grains of calomel, with eight grains of James' powder at bed time, and on the following morning give a gentle saline aperient; let this be continued for two or three nights. When the piles proceed from costiveness, give an electuary of sulphur, cream of tartar, and the confection of senna. You should apply leeches and cold lotions to the rectum, keep the patient in the horizontal position, and if there should be bleeding from the rectum, apply an astringent ointment of powdered gall-nuts and opium; and if there be inflammation attending it, add some of Goulard's extract to it. The patient should always avoid eating indigestible food, and abstain entirely from spirituous and fermented liquors.

#### *Question.*

What are the symptoms and treatment of Hœmorrhoids ?

*Maáljah qism doyam ká.*—Yih cháhiye ki munhasir ho úpar hálat phephréh aur umr aur mízaj maríz, aur miqdár khún talf-i-shudah ke lená khún ká baifrát balki yahán tak ki ghashá jáwe, aur na karná kisi qism ke harj ká, aur rahná bulkul khámosh cháhiye, aur jaháp tak aml men á sake ahtiyáját maríz rawá kar dí jáwen, ímái aur ishárah se, aur hawái sard, aur jí matlánewálí mautáden antimony ke, aur ashurbah tezábí aur sugar of lead bich mautádon do yá tín grain ke tín yá chár ghanṭe bäd dí jáwen.

Alámaten aur maáljah qism soyam ká likhá jáwegá barwaqt zikr árzah phthisis, yáne bímári sil ke.

### Sawálát.

Bayán karo muktálf aqsám jin men yih bímári wáqá ho sakti hai ?

Kyá hain alámaten qism awwal kí ?

Kyá maáljah kiyá jáwe wáste qism awwal ke ?

Kyá hain alámaten aur iláj qism doyam ke ?

### HCEMORRHIDS ; YÁNE BAWÁSÍR.

*Alámaten.*—Málum honá jalan aur dard ká miqad aur kamar men, aur dard sir, aur daurán sir aurnafkh aur harárat tap kí sí aur be-chain rahná rát ko, aur qalil aur niháyat tez rang áná pesháb ká sáth aksar ihtiyáj boul-o baráz ke aur baze waqt honá dard ká, aur áná khún ká barwaqt ijábat ke alámaten is marz kí hain.

*Maáljah.*—Agar nabz mumtalah aur qawí ho to bázú se fasd len, aur do grain calomel sáth áth grain James' powder ke sone ke waqt, aur dúsre din subah ko koí halkí namkín adwiyah mulayyañ den aur is iláj ko jári rakhen do yá tín rát tak. Jab ki bawásír qabz se paidá ho to electuary of sulphur, yáne gandak ká aur cream of tartar, aur confection yáne halwá saná ká dewen. Aur tumhep cháhiye lagání jonkey aur sard lotions miqad ko, aur rakhná maríz ko sídhá, aur agar miqad men se khún bhí átá ho to lagáná ek astringent yáne qábiz marham pisí húi gall-nut yáne majú aur opium ká, aur agar uske sáth sozish bhí ho to shámil karná usmen thorá extract of Goulard musíd hogá. Bímár ko cháhiye ki hameshah parhez kare kháne se aisi ghizá ke jo ki qábil hazm hone kí na ho, aur báz rahe buri aur garam sharábon se.

### Sawál.

Kyá hain alámaten aur iláj bawásír ke ?

## HEPATITIS; INFLAMMATION OF THE LIVER.

This may be either acute or chronic.

*Symptoms of acute Hepatitis.*—There is pain in the right hypochondrium, shooting to the back and shoulder, increased on pressure, pain in the right shoulder; the pulse generally strong and full; there is thirst, a furred and yellowish tongue, and frequently vomiting, sometimes of a bilious, at other times of a dark coloured matter. The bowels are commonly irregular or costive; the urine almost always scanty, and very high coloured. There is also pain, tenderness, and tumefaction in the region of the liver, occurring with more or less degree of intensity, with inability to lie on the left side; occasionally jaundice, depression of spirits and nervousness, with great irritability of temper. Hepatitis may terminate by resolution or by suppuration, or the irritation may continue in a modified manner, so as to be classed among chronic diseases of the liver. The indications of resolution are, in the first instance, the subsidence of the fever, the gastric symptoms, and the pain; this is followed by the disappearance of the tumefaction, which, though generally the last of the symptoms, often occurs with great rapidity; the dilatation of the side is no longer observed, the right hypochondrium and epigastric region lose the tension and fulness which occurred during the height of the disease. If suppuration takes place, the tumefaction increases, shiverings more or less severe are observed, with or without perspirations; the pulse becomes small and rapid, the countenance is pale, and a sour smell of the surface is perceptible. If the abscess forms so as to be perceptible by manual examination, we may observe the following conditions; 1st, a generally enlarged state of the organ, in which, though no perceptible fluctuation exists, a doughy or boggy feel is communicated over a greater or less portion of the tumour; 2nd, distinct tumefaction below the margin of the rib; 3rd, a tumour in the epigastrium; and 4th, a bulging of the false ribs, with more than usual fulness of the intercostal spaces; the constitutional symptoms are night cold-sweats, clamminess of the skin, and frequent fainting sensations. The inability to salivate the patient is considered very characteristic of suppuration having taken place.

## HEPATITIS; YANE WARM-I-JIGAR.

Yih warm do qism ká hotá hai; acute, yane shadid, aur chronic, yane kohneh.

Asár shadid warm-i-jigar ke. — Dáhimí kokh mey dard rahtá hai, aur sháne aur pusht kí taraf yakáyak phaiitá hai, aur dabáne se ziyádah hotá hai; aur dáhine kándhe mey bhí dard hotá hai; nabz aksar nor se aur jald chaltí hai; piyás ká ghalba hotá hai; Zubán men kápté parjáte hain, aur rangat subán kí málí ba zardí hotí hai; qai akbar hotí rahtí hai, aur uske sáth kabhí kabhí safra aur kabhí kabhí maile rang ká máddha nikaltá hai; antariyán aksar betartsh aur hand rahtí hain; pesháb thorá thorá aur bahut rangín átá hai; kaleje ke ás pás kam-o-besh dard, aur amáo aur warm bhí hotá hai, aur bímár báin karwaṭ let̄ nahín saktá; kabhí kabhí yarqánu hojátá hai, aur dilpar udásí chhá játí hai, aur máríza niháyat tez mízaj aur chirchirá hojátá hai. Barwaqt záyal hone ásár ke yih maraz bhí záyal ho saktá hai, aur jis súrat men kalejá pak jáwe, yá dard-i-khafif jári rahe, to usko amrázi aqsám i-chronic se shumár karte hain. Ásár rafa hone is marz ke awwal yih hain, ghat jáná bukhár aur ásár bímári shikam aur dard ká, aur bad̄ iske rafa honá warm ká; yih warin agarchi aksar akhír alámat is bímári kí hai, magar jald játá rahtá hai, phailao pahlú ká nahín malúm detá, aur dáhimí kokh, aur un muqámon mey jo medeh se upar hain, tanú aur warm jo marz kí shiddat mey paidá hotá hai nahín rahtá. Darsúrat pakjáne kaleje ke warm taraqqí pakartá hai, aur larzah kam-o-besh pasíne ke sáth yá baghair pasíne ke numáyán hotá hai, nabz kamzor aur tez raftár hojátá hai, chehrá zard par játá hai, aur badan se khattí bo áne lagtí hai. Agar warm háth lagáne se malúm hotá hai, to uske ásár batafsíl-i-zail páe játe hain. Awwal, kalejá aksar barh játá hai, aur agarchi bazáhir harkat kartá huá nahíp malúm detá, magar waram narm aur muláyam malúm hotá hai. Doyam, paslí ke kináre ke níche warm záhir hotá hai. Sayum, us muqám mey jo medeh ke úpar hai warm ájátá hai. Chahárum, tale kí donoq chhotí pasliyán barh játí hain, aur khulú darmiyán pasliyon ke ziyádah wasí hojáté hai, aur jism par rát ko thandá pasiná átá hai, aur post badan ká chipchipá malúm detá hai, aur aksar ghash kí taraf tabiat rujú kartí hai; aur jabki bímár ko munh áne kí dawá dene se munh nahíp átá, to isse yaqín-i-qawí hojátá hai ki bímár ká kalejá pak gayá.

*Treatment.* — In the early stage of the disease, and there are no signs of suppuration present, the treatment should commence with a free bleeding from the arm, which, if the patient be robust and the inflammatory fever high, should be pushed so as to produce some effect on the circulation; if after four or five hours the pain and oppression return, the bleeding should be repeated. The bowels should be opened by a dose of calomel, ten grains, followed by a brisk saline purgative of epsom or rochelle salts, and assisted by a purgative injection of an infusion of salts and senna; after the purgative has acted, thirty leeches should be applied to the most painful part of the side, and when they fall off, the oozing of blood should be arrested at once, as it only tends to weaken the patient, without relieving him in the least. After the haemorrhage has been completely arrested, great advantage will be afforded by the application of warm poultices of linseed meal, or bread and milk, over the affected organ; these however must be made light, as their weight in some cases proves distressing. If the disease should be complicated with dysentery, great relief may be afforded by the application of a dozen leeches to the region of the anus as well. The circumstances that point out that the general and local depletions have exercised a salutary influence on the suffering organ are the following: the diminution of the inflammatory heat, and of the oppression in the epigastrium and hypochondrium, the subsidence of the pain and tenderness; and lastly, of the tumefaction, which is to be ascertained by the touch and by percussion of the lower part of the thorax and abdomen. Blisters are now to be employed, but their use must never be resorted to while the inflammatory fever runs high, and they must be removed as soon as the patient begins to feel their stimulus.

When the disease occurs in persons of a broken down constitution, and particularly in those who have long indulged in ardent spirits, the greatest caution is to be observed in the use of the lancet, and trust principally to local bleeding and counter-irritation. Mercury may now be employed to produce salivation. Ten grains of calomel, combined with one or two of opium, may be given twice in the day, or scruple doses at bed time; but should salivation not be induced in three or four days, the remedy must be stopped. Antimonial or James' powder may be added to the

**Maṣīḥah.**—Ibtidāe bimārī men, aur jab ki ásár pakao ke malūm na hote hop, maṣīḥah is taur par shurū karnā chāhiye; hāth kí aise fasd lení chāhiye jo ziyādah khún de; aur agar bimār qawí ho, aur sozish ká bukhár bashiddat ho, to munásib yih hai, ki is qadar ziyādah khún nikálen, ki surat-i-nabz men farq parjáwe. Agar chár pánch ghante ke bād dard aur shiddat phir əud kar áwe, to fasd dobárah karní chāhiye. Calomel, yane kushta-i-párah, bamiqdár das grain ke istamál kiyá jáwe, taki antariyán khul jáwen, aur iske bād namkín tez mushil az qism-i-namak epsom, yá rochelle salts diyá jáwe, aur uskí madad ke liye khisandah-i-namak aur sanáká huqnah kiyá jáwe; jis waqt dast á chaken, to tis jonken us muqám par pahlú men jahán ki niháyat taklíf ho lagáí jáwen, aur bād chhuṭ jáne jonkon ke ijrāe khún ko jald band karnā chāhiye, kyunki is súrat men nikalná khún ká bimār ko zarah bhí fáidah nahín baikhstá, balki zauf ziyādah kartá hai. Jabki khún bilkul band hojáwe to us jagah par jahán bimārī ho, agar garam poultice alsí ke, áte yá rotí aur dúd ká lagáyá jáwe to bahut musíd hogá; magar yih poultice halká banáná chāhiye, isliye ki basabab uske wazan ke bāz súraton men taklíf hotí hai. Agar ishál bhí is bimārī ke sáth láhaq ho, to bárah jonken miqād par bhí lagání chāhiyen, kyunki usse bahut ifaqah mutsawwar hogá; ásár jinse záhir hotá hai ki tanqiyon marqúma-i-bálá ne bimārī-i-jigar ko fáidah baikhshá hai wuh yih hain. Kam hojáná jaláne-wáli garmí ká aur shiddat ká us muqám men jo medeh ke úpar hai, aur kokh men, aur ghat jána dard aur amáo ká, aur in sab se bād warm ká jiskí kamí chhátí aur peṭ ke níche kí taraf dabáne aur thapakne se daryáft ho saktí hai. Is hálat men plaster lagáná chāhiye, magar darsúrat ghálib hone tap-i-sozish ke istamal plaster ká munásib nahín, aur jis waqt bimār ko plaster se taklíf ho to uská dúr karná lázim hai.

Jis súrat men bimārī aise shakhson ko láhaq ho jo ki nátfáqat aur zaif hop, khasúsan aise shakhson ko jo ki ek arse se sharáb hác garam pítá rahá ho, to uske tajwíz fasd men bahut ihtiyát wájib hai; aise marízon ke wáste lagáná jonkon ká muqám-i-marz par aur paidá karná counter-irritation, yane ek aur taklíf ká ziyādah musíd mutsawwar hai. Wáste láne munh ko istamál páre ká chāhiye. Das grain calomel bashamúl ek yá do grain afyún ke do dafá din men diyá jáwe, yá bamiqdár ek scruple ke eote waqt; agar tis chár din ke arse men munh na áwe, to yih iláj mauqúf kiyá jáwe. Antimonial powder

calomel, as they are considered to assist materially in producing sudation rapidly. Strong mercurial ointment may also be well rubbed into the armpits and groins to the extent of a drachm three times a day for the like period. In the acute stage of the disease, the patient must be kept on the lowest diet possible. Refreshing draughts may be allowed, and will often be found to be of great benefit, when they act on the skin and kidneys. Mild saline purges with emollient injections should be employed, and the patient may drink a solution of cream of tartar or tamarind tea, and if there be much restlessness, an anodyne draught, or twelve grains of Dover's powder, may be given at bed time. But if, notwithstanding these means, the tumefaction continues, and the fever assumes a remittent or hectic type, the formation of an abscess is to be dreaded. The patient's strength must be supported by farinaceous and gelatious food, and the exhibition of wine in moderation, with vegetable tonics, will be advisable; poulticing must be diligently employed over the region of the liver, and we must endeavour to bring forward the abscess towards the surface as much as possible; when, in the event of a perceptible and fluctuating tumour being formed, it will be advisable to give exit to the matter as speedily as possible. When the abscess makes its way either externally or into the lungs or bowels, the strength of the patient must be carefully supported by light and nutritious diet, wine and tonic medicines, according to the circumstances of the case. The mineral acids may also be given in the different tonic infusions, such as gentian, chiretta, calumbo, or cinchona. The greatest attention should be paid to the state of the bowels, and a gentle and graduated pressure on the organ might accelerate the cure, by closing up the opening, after the matter has been evacuated.

#### **HEPATITIS CHRONICA; CHRONIC INFLAMMATION OF THE LIVER.**

**Symptoms.**—More or less pain in the region of the liver, increased by excitement, accompanied by tenderness and tumour, wan countenance, a dry skin, foul tongue, scanty and high colored urine, with occasional attacks of jaundice, occasional pain about the right shoulder, bitter taste in the mouth, and wasted

jimko James' powder bhá kahte haiy, calomel men shámi kiyá jáwe, ialiye ki yih donoy jald munh ke láne men bahut muassar samjhe játe haiy. Qawí marham páre ká bamiqdár ek drachm ke tím maratabah har roz tím din tak baghal aur bázú aur rán men khéb malá jáwe. Darsúrat acute, yane shadid hone bímári ke, meix ko jahán tak ho sake kam khurák deái cháhiye. Effervescent draughts, yane babule lánewále pání kí ijázat díjáwe; yih pání bahut meffid hogá, jabki post aur gurde par uski tásír hogí. Halke mushil amak ke mai mulayyan pichkáriyon ke istamál men áwen, sur bímár ko solu-tion of cream of tartar yá imlí kí chá piláí jáwe, aur agar ziyádah izardáb malúm ho to anodyne, yane taskín bakhsh pání yá bárák grain Dover's powder sote waqt istamál men áwe. Aur jo bá waz in tadbiroñ ke warm jári rahe aur bukhár bári ká yá diq kí qism se hojáwe, to is súrat men khauf ho jáne phore ká mutsawwar hai; aise mauqe par wájib bai ki táqat bímár kí bazarih-i-ghizáe muláyam aur patlí ke qáyam rakkhen aur istamál sharíf ká beatidál bashamúl muqawwiát-i-nabátatí ke munásib hai, aur kaleje par lagáná poultice ká mauquf na kiyá jáwe, aur aisi tajwíz amal men áwe ki mawád us phore ká hattulimkán jism ke satah kí taraf rujú kare; aur jis súrat men mawád jigar men ziyádtí pakre aur mutaharrík hone lage, to uske ikráj men jahán tak hosake niháyat jaldí karní cháhiye. Jis hál men phorá báhir numáyáñ ho yá taraf phepre yá antariyon ke rujú kare to khiyál sangbhálne táqat-i-mariz ká bazarih-i-subuk aur muqawwí ghizá ke aur sharáb aur muqawwí adwiyat ke mutábiq súrat hál bímár ke zarúr cháhiye. Mineral acid, yane tezáb hamráh mukhtalif muqawwí khisándop jantyáne yá chiretta yá calumbo yá cinchona ke diyá jáwe. Antariyon kí hálat par ziyádah tawajjuh cháhiye, thorá thorá aur darjah badarjah dábne užv maikir ke se bazarih band karne munh uske ke bád ikráj máddah ke jald honá sihat ká mutsawwar hai.

#### HEPATITIS CHRONICA ; YANE KOHNAH WARAH-I-JIGAR.

*Asar-i-moraz.*—Honá dard ká kaleje men kam o besh, aur ziyadah honá uská ghabráne tabiat aur harkat karne se, aur honá uske sáth warm aur amáo ká, zard rang honá chehre ká, aur khushk honá jild ká, aur mailá rahná zuhán ká, thorá thorá aur tez rang áná peháb ká, aur gáhe gáhe láhaq honá yarqáu ká, aur kabhí kabhí paidá honá

state of the body, when the disease has been of long continuation.

**Treatment.**—At the commencement apply every third or fourth day a dozen leeches to the region of the liver until all pain and tenderness is removed. The bowels should at the same time be diligently, but mildly acted upon by gentle laxatives, combined with mercurials, such as the grey powder or the blue pill. Afterwards repeated applications of blisters over different parts of the organ, or keeping up an eruption over it by means of the tartar emetic ointment, should be persevered in for a considerable time. If these means do not succeed, and if there is no contra-indication, the system should be gently affected with mercury, which may be done by giving small doses of calomel or blue pill, combined with Dover's powder, at night, or by rubbing in over the region of the liver one drachm of the strong mercurial ointment, three times a day. When, from the constitution of the patient, it is thought unadvisable to use mercury, the nitro-muriatic acid should be employed.

The following is the mode in which the remedy is recommended to be used. A mixture is made of eight ounces of pure water with four ounces of the nitric and four of the muriatic acid. Of this solution from two to five ounces are to be mixed with about three gallons of water at the temperature of ninety degrees in a high and narrow vessel, and the feet kept immersed in it for about half an hour every night, before retiring to rest. If the first bath does not cause a pricking sensation in the parts, the next is to be increased in strength. Advantage has also been obtained from sponging the body with a similar solution every night. After the disease has been subdued, vegetable tonics may be given to restore the digestive powers. The patient should wear warm clothing, and carefully avoid any error of regimen that may cause a return of the hepatic disease. In very obstinate cases, a trip to sea or to Europe would be of essential service.

#### *Questions.*

**How may hepatitis be divided ?**

**What are the usual symptoms of the acute form of hepatitis ?**

**What are the usual terminations of an attack of acute hepatitis ?**

dard ká dáhine sháne men, aur náhíf honá jism ká, yih sab ásár us waqt hote hain, jab ki yih marz bahut dinoq ká ho játá hai.

*Mađjah*.—Ibtidá men tísre chauthé din bárah joqken kaleje par lagáte rahan jab tak ki dard aur anáo bulkul rafá na ho, magar is arse men mutaharrik rakhne antariyon ka baáhistgí bazariyah adwiyat-i-muhallil ke bashamúl murakkabat-i-páre ke misl Grey powder aur blue pill ke niháyat liház rahe. Bäd iske plaster úpar mukh-talif muqámon jigar ke bár bár lagáyá jáwe, yá bazariyah marham tartar emetic ke phunsiyán arsa-i-daráz tak qáyam rakhlí jáwen. Agar in tadbiرون sc kuchh fáidah na ho aur koí alámat síhat kí bhí zahir na ho, to thorá sá calomel bashamúl Dover's powder ke mariz ko rát ko diyá jáwe, yá marham páre ká bamiqdárek drachm din men tín martabah kaleje ke muqám par malá jáwe, jab tak ki ásár us dawá ke jism par záhir na hon. Jabki baliház hálat mariz ke dená páre ká munásib-i-waqt na málum ho, to teaáb shore aur namak ká istamál kiyá jáwe.

Uske istamál kí munásib taráib istarah par tajwíz huí hai. Aṭh ounce sáf pání men chár ounce shore, aur chár ounce namak ke tezáb ke milác jáwen, aur is men se do ounce se páñch tak tin gallon aise pání men jismen nawwe darje kí garmí ho shámil kiye jáwen, aur is pání ko únche tang bartan men dál kar sone se pahle har rát usmen ádhe ghanje tak páñw rakkhen. Agar páñw men us páshoya sc kánje se na parne lagen to dúsra páshoya zarah pahle se tez banáná cháhiye, aur aisehí páshoya se dhoná jism ká bhí rát ko mufid hotá hai. Jab ki marz rafá hojáwe to us waqt muqawwiyat-i-nabátatí wáste hálat-i-aslí par láne quwat-i-házma ke istamál kí jáwen. Bímár ko cháhiye ki garm kapre pahná kare aur aisi bad parbezí se har dam ihtiyyát aur ihtiráz kartá raho jisse khauf qud karne ərzah-i-kaleje ká mutsawwar ho. Jabki bímári kisí ıläj se asar pizír na ho, to rawána honá taraf daryác shor ya mulk-i-Farang ke bahut mufid hogá.

### Sawálát.

Warm-i-jigar kai qism ká hotá hai?

Mamúli ásár acute, yane shadíd warm-i-jigar ke kyá hain?

Shadíd warm-i-jigar ke khatm hone kí alámateñ kyá hain?

**What are the indications of the disease having terminated in resolution ?**

**What are the usual signs of suppuration having taken place ?**

**When suppuration has taken place, is it easy to cause salivation ?**

**In the early stage of the disease, should there be no signs of suppuration present, what treatment should you adopt ?**

**After leeches have been applied, why should you not increase the flow of blood by fomentation ?**

**When there is dysentery and Hepatitis at the same time, has the application of leeches to the anus afforded great relief ?**

**How would you know that the general and local depletions have proved beneficial to your patient ?**

**When is the employment of blisters contra-indicated ?**

**In broken down constitutions, should you employ the lancet freely, or what should you rather trust to ?**

**When should you administer mercury, and for what purpose do you give it ?**

**In the acute stage of the disease what should be the nature of your patient's diet ?**

**What treatment is to be adopted when suppuration has taken place ?**

**What are the usual symptoms of chronic hepatitis ?**

**What treatment should be followed at the commencement ?**

**Is mercury ever given in this form of the disease ?**

**When from any peculiarity in the constitution of the patient it is not advisable to give mercury, what other plan would you adopt ?**

**When the disease has been subdued, what should be the after-treatment ?**

### HYSTERIA; HYSTERICS.

**Symptoms.—**This disease usually comes on at times very suddenly, with crying, laughing, and shrieking in the fit, with a sense of choking, as if there was a ball rising in the throat which could neither be got up or down; heaving up and down of the breasts, thumping them with the clenched fists; hiccup, and a rumbling noise in the belly; a great secretion of limpid urine, at times passed involuntarily. To these symptoms succeeds temporary loss of sense and consciousness, and of command over the muscles.

Jab ki yih árzah záyal howe to uske ásár kyá hote haiṇ ?

Ásár wāqā hone pakáo ke kyá haiṇ ?

Jab ki is marz men jigar pak jáwe to munh maríz ká dawá se baásánf á saktá hai yá nahín ?

Ibtidáe marz men agar alámateṇ pakáo kí pái na jáwen, to maáljah kis tarah kiyá jawe?

Jab ki jonken lagáú jáwen to ijrái khún bazariah-i-senkne ke kis wáste ziýádah nahín kiyá jútá?

Jab ki árzah ishál ká blí warm-i-jigar ke sáth howe to lágáná jonkon ká miqad par müjib ifáqe ká hotá hai yá nahín ?

Kis tarah malúm ho saktá hai ki mushil dene aur khún lene se bímári ko fáidah huá hai ?

Kis súrat men lagáná plaster ká mamnú hai ?

Jab ki maríz bahut kamzor aur zaíf ho to kyá uskí fasd bilátaam-mul kí jáwe, yá nahín to kyá iláj kiyá jáwe ?

Kis súrat men dená párc ká munásib hai, aur kis wáste diyá játá hai ?

Jab ki yih árzah shadíd ho to kis qism kí ghizá bímár ko dí jáwe.

Jabki pakáo wáqā ho to kyá maáljah uská kiyá jáwe ?

Mamníl alámateṇ kohnah warm-i-jigar kí kyá haiṇ ?

Ibtidáe marz men kyá iláj kiyá jáwe ?

Is qism ke marz men istamál páre ká kíya játá hai yá nahín ?

Agar basabab khawás-i-tabiat maríz ke dená páre ká munásib na malúm ho to aur kyá tajwíz kí jáwe ?

Jab ki yih árzah rafá ho jáwe to uske bád kyá karná cháhiye ?

### HYSTERIA ; YANE HABAS-UD-DAM.

Alámateṇ.—Is árzah men amúman bázc waqt achánchak rone, hapsne, aur chíkhne se, ek golá sá halaq men jo ki níche já sake na báhar á sake chháti men malúm huá kartá hai, babáis jiske maríz apne háth kí muṭṭhí ko bándh ke chháti ko thapká kartá hai. Hichkiyán aur pet men qaráqur hotá hai, pesháb sáf aurraqíq bakasrat hotá hai, balki bemalúm nikal jútá hai. Máorái in alámaton ke aql záil dil bethikáne ho játá hai, aur háth pánw ke putthe qábá yáftah nahín rahto balki un ko kám men láne ke waqt maríz hich-

of voluntary motion, which are either motionless or violently agitated, the arms and legs being most generally affected. The disease is much more common in females than males, particularly about the age of puberty.

*Treatment.*—During the fit, the patient must be prevented from injuring herself by her hands, by her teeth, or by striking her head or her breasts against any hard substance. If the symptoms indicate determination of blood to the head, it should be raised, and towels rung out of cold water applied to the forehead, warmth being applied at the same time to the feet. All tight clothing about the neck or chest should be loosened. In cases going on to complete coma, blood may be taken from the arm, or by leeches from the temples. When there is less plethora, and the fit is obstinate, the patient being at intervals able to swallow, half a drachm of aromatic spirit of ammonia, or the spirits of sulphuric ether, may be given in a little water. The face and chest should be sprinkled with cold water.

#### *Questions.*

Describe the symptoms of a fit of hysterics ?

Describe the appropriate treatment of hysteria ?

#### ICTERUS ; JAUNDICE.

This disease arises from an impediment to the passage of the bile into the intestines, which may be either mechanical, as the passage of gall-stones, or enlargement of the adjoining viscera; or functional, as a spasmodic inflammatory or weakly state of the gall ducts.

*Symptoms.*—There is yellowness of the skin, the white of the eyes, roots of the nails, and urine, and paleness of the faeces. There is also nausea, vomiting, thirst, constipation of the bowels, and great languor. When jaundice arises from gall-stones, there is a sudden acute pain, either in the epigastrium, or shooting towards that part from the back, or right hypochondrium: there is also vomiting, occasional shiverings and profuse perspiration without any fever, or increased frequency of the pulse. Sometimes the pain precedes the appearance of jaundice, returning perhaps with great severity, for several successive days, and remaining for several hours at each return: the shiverings in jaundice rarely precede the pain, but occur irregularly during a paroxysm;

kichátá hai. Auraten báligh is marz men aksar mubtilá hotí hain banisbat mardon ke.

*Maqljah.*—Naubat marz men lázim hai ki kisi tarah ká ƙhalal háthon yá dántoñ se maríz na karne páwe, aur koí saikt chíz par uskí dastras na hone deñ mubádá ki wuh apne sir yá sínah men mår le. Agar rujú ƙhún ká taraf sir ke ƙalamatoñ se sabút ho to ek rúmál sard pání men bhíga huá sir par aur garam pání ká paíron par rakkhen. Aur kapre jo ki gírd gale aur chháti maríz ke tang hoñ un ko ڏhilá kar dená zarúr hai. Babáis daryáft hone sabab coma ke tanqiyah ƙhún bazariah fasd ke báñh se aur joñkon ke kanpaþion se karen. Jab ki maríz men tawánái pái jáwe, aur naubat marz bashiddat aur níz yih blí sabút ho ki maríz nisf drachm aromatic spirit of ammonia yá spirits of sulphuric ether darmiyán waqfah marz, pání men milákar pí saktá hai, dewen. Chehrah aur sínah par sard pání chhirakte rahan.

#### *Sawálát.*

Bayán karo ƙalamateñ naubat hysteria ki ?  
Bayán karo munásib iláj hysteria ke ?

#### ICTERUS; YANE YARQÁN.

Yih marz is tarah par wáqá hotá hai ki jis ráh se ki safra ainta-riyon men játá hai us men rukáo ho játá hai, ƙhwá basabab gall-stones, yá farókhí-i-pardah multahmah yá paidá hone tashannuj ahtiráq men, yá hálat kamzorí gall ducts se.

*Alámateñ.*—Áñkh kí sufedí aur nákhunoñ kí jaron men aur pesháb aur pákhánah aur jild badan par zardí hotí hai. Málísh dil aur qai aur tishnagí blí hotí hai, aur ainta-riyon men inqabáz rahtá hai, aur badan men barí sustí. Jab ki yarqán basabab gall-stones ke wáqá hotá hai, to us súrat men yakúyak tez dard yá to ƙhud kauří men hotá hai yú kamar yá dáhiń kokh men hokar kauří men chabak mártí hai, kabhí kabhí qai aur larzah aur ziýadatí pasínah kí bhí hotí hai, baghair bukhár yá sarat nabz ke. Baz auqát dard qabl az waqú yarqán paidá hotá hai, aur mutaddid dinon tak pai dar pai shiddat se uthtá hai, aur kabhí ghuṭnoñ tak har martabah jári rahtá hai. Marz yarqán men larzah qabl az utħne dard ke bahut kam wáqá hotá hai, magar beqáidah darmiyán daurah ke wáqá

the pain is acute and excruciating and occurs in paroxysms; the patient bends his body forward upon his knees, when not writhing in other directions. Should the pulse become hard and quick, the greatest care should be taken that the irritation does not run into inflammation. In that form of jaundice, in which the yellow inclines to green jaundice, recovery seldom takes place.

*Treatment.*—If there is acute pain, give opium in large doses, foment the pit of the stomach, give a warm bath, with purgatives of jalap and calomel. An emetic has sometimes proved useful. The morbid state of the bile should be corrected by alkalis, nitric acid, or the extract of taraxacum. When inflammatory symptoms are present, local blood-letting, with other antiphlogistic measures, must be resorted to.

#### *Questions.*

What is the nature of the disease called jaundice, and what is it caused by?

What are the usual symptoms of jaundice?

When the disease arises from the presence of gall-stones, what symptoms usually occur?

What is the treatment in a case of common jaundice?

Should there be inflammatory symptoms what treatment would you adopt?

#### ICTUS SOLIS; STROKE OF THE SUN.

Apoplexy thus caused by "a stroke of the sun," is either sanguineous or serous, according to the temperament and habits of the patient.

*Symptoms.*—The person thus attacked, suddenly falls down in a state of stupor and insensibility, and if assistance is not immediately procured, seldom recovers, but in the course of a very short time dies. The sanguineous form may, if attended to in time, possibly be cured; the serous is always fatal.

*Treatment.*—If the patient is seen immediately after the seizure, copious bleeding from the temporal artery, and cupping on the

hotá hai. Dard tez aur shadíd bataur naubat uhtá hai. Maríz apne jism ko áge kí taraf apne ghuñon par jhukátá hai, darsúratíki kisí aur bal pench o táb nahíp kartá. Jis hálat men ki nabz men sakhtí aur sarat páj jáwe to niháyat liház rakhná cháhiye ki warm men sozish paidá na ho jáwe. Jis súrat men ki yarqán kí zardí mál basabzí ho to shafá sház o nádir hásil hogí.

*Maqljah*.—Dar súratiki dard tez howe, to barí mārtád afiun kí dewen, aur sam medeh ko señken, aur garm pání se nahláwen, aur mushil jalap aur calomel ká piláwen. Adwiyah qaiáwar bhí baz muśid huí hain. Taghyur jo ki safrá men hotá hai uskí durustgí bazariyah alkalis yane khár yá tezáb shorah yá extract taraxacum ke karen. Jis súrat men ki alámaten sozish kí maujúd hon, to tanqiyah khún muqám marz se karen, aur aisí tadbír əmal men láwen jo ki harárat gharízí ko kam kartí hain.

#### *Sawálát.*

Kyá khásá marz yarqán ká hotá hai, aur kis bájs se yih marz paidá hotá hai ?

Kyá māmúlí alámaten yarqán kí hotí hai ?

Kyá māmúlí ásár pác játe hain jab ki yarqán basabab maujúd hone gall-stones ke wáqá hotá hai ?

Kyá iláj karná cháhiye darsúrat láhaq hone yarqán ke ?

Jis súrat men ásár sozish ke maujúd hon to us hálat men kyá karen ?

#### ICTUS SOLIS : YANE LÚZDAH.

Ghashí jo ki basabab dhúp ke wáqá howe wuh bamújib mizáj aur tabiat yá to basabab kasrat khún ke yá ratúbat ke hotí hai.

*Alámaten*.—Jo shaḥls ki is marz men mubtilá hotá hai wuh yaká-yak behis o hawás gir partá hai, aur agar fauran uskí madad sur khabargíri na kí jáwe to bahut kam shafá pátá hai, balki thore se ərsah men mar játa hai. Agar marz damwí ká tadáruk barwaqt kiyá jáwe to mumkin hai ki maríz jánbar ho jáwe, magar marz bádí hameshah muhallik hai.

*Maqljah*.—Agar maríz bafaur mubtilá hone ke is árzah men páyá jáwe to temporal artery yane shiryán sadagh se khún bakhúbí

back of the neck, should be resorted to immediately, followed up as soon as possible by a dose of calomel and jalap. General bleeding should not be neglected, if a sufficient quantity of blood cannot be procured from the temporal artery. When the pressure on the brain by these means has in some degree been taken off, the calomel should be repeated, both as a purgative and as a sialagogue, with a view of restoring the equilibrium of the system. Cold applications to the head are particularly efficacious. The head should be shaved, and a solution of the muriate of ammonia or nitrate of potass in water absorbed by a soft towel, with which the head should be covered. It is very rare that a person who has once suffered from this complaint, ever recovers the perfect use of his physical and mental faculties. It is well worthy of observation, that these consequences are certainly less, sometimes not at all, observable in those who have been salivated in course of the disease.

#### *Questions.*

What is the nature of the disease called ictus solis ?

What are the symptoms attending it ?

What treatment should you adopt ?

What effect has salivation on those who have suffered from the disease ?

#### **LARYNGITIS; INFLAMMATION OF THE LARYNX.**

*Symptoms.*—There is hoarseness or whispering with an almost total suppression of the voice. The breathing is hoarse, loud, and rough, with long inspirations, accompanied with spasmodic fits of difficulty of breathing, and even then the patient must be in an erect posture, or he will be suffocated. The face is pale and ghastly ; the lips pale and livid, and the throat occasionally swollen. Sometimes the tonsils and tongue are swollen ; sometimes there is a very hoarse cough with expectoration of viscid mucus. The pulse is rapid, there is a clammy sweat, and the pupils of the eyes are dilated. Death frequently occurs suddenly with a spasm on the third or fourth day. This disease generally occurs in adults, just as croup does in children, and arises chiefly from exposure to cold and wet.

**kewen**, aur guddí men bharí huí síngiyán lagáwen, aur bād uske jald baqadar imkán ek mautád calomel aur jalap ki dewen. Agar khún khátir khwá temporal artery yane shiryán-ul-sadagh se na áwe to tanqiyah ám ki taraf se bekhabar rahná na cháhiye. Dabáo, jo ki dimágh par hotá hai us men agar in wasílon se kuchh takhfif ho jáwe to calomel bataur mushil aur sialogue ke dená cháhiye, is nazar par ki jism men az sar-i-nau aitdál á jáwe. Lagáná sard chízon ká sir par kháskar bahut muassir hotá hai. Bál sir ke mundhwá dálen, aur solution nitrate of ammonia yá nitrate of potash ko kisi bárík rúmál men jazb karke sir par dálen. Yih sház o nádir zahúr men átá hai ki bād ek martabah mubtilá hone ke is marz meq qawái jismí aur zamíri maríz ke bilkul hálat aslí par áwen. Yih bhí yahán bayán karná cháhiye ki aise natíje is marz ke bahut kam hote hain, balki baz auqát zará bhí tamíz nahín kí játí darsúratiki hálat-i-marz men bímár ká munh láyá gayá ho.

#### Sawálút.

Kyá khásah marz ictus solis ka hotá hai ?

Kyá alámateñ is marz ke sáth hotí hain ?

Kyá ilaj karná cháhiye ?

Jo log is marz meq mubtilá howen un ke munh lánc se kyá asar hotá hai ?

#### LARYNGITIS ; YANE SOZISH HINJRAH.

**Alámateñ**.—Is marz men galá baiñh játá hai, aur kalám áhistah kiyá já saktá hai, aur áwáz birkul dabí huí sí hotí hai, dam lene men giraftgí aur shor aur durustí hoí hai, aur sáns khinch kar átí hai, aur hamrál in báton ke bataur naubt tashannuj ke dam ruk kar átá hai, is hálat meq bhí zarúr hai ki maríz sídhá rahe, nahíñ to dam ghuñ jáwegá. Chehráh zard aur pazmurdah hotá hai, honhá zard aur nílgún rahte hain, aur halaq kabhí kabhí phulk játá hai. Baz auqát tonsils yane halqún aur Zubán bhí phúl játí hai, kabhí kabhí aísá blí hotá hai ki khánsí baiñhí huí áwáz ke sáth uñhtí hai, aur uske sáth balgham chipaktá huá nikaltá hai. Nabz meq sarat hotí hai, aur pasinah bemalúm átá hai, aur putliyán áñkhon kí phail játí hain. Tíse yá chauthé din aksar auqát maríz tashannuj hokar yakáyak mar játá hai. Yih marz ziyádah-tar jawánon ko lábaq hotá hai, misl árzah croup ke jo bachchon ko

*Treatment.*—Bleed immediately very freely from the arm, so as to make the patient faint, then cover the throat with leeches; afterwards apply hot poultices or fomentations. Salivate as quickly as possible, give five or ten grains of calomel every two or three hours until it comes on, and rub the strong mercurial ointment into the groins and arm-pits, and inside of the thighs, three or four times a day, for as soon as the patient begins to spit, the danger is over. Should there be immediate danger of suffocation, you must not wait for the salivation, but open the wind-pipe at once, this operation being called "bronchotomy," which will afford immediate relief, and enable you to go on with the mercury; for neither the mercury alone, or the operation alone, will save the patient; the two must be combined in the more severe cases. The after-treatment may be the same as followed in all cases of inflammation of the respiratory organs.

#### *Questions.*

What are the symptoms of laryngitis?

What treatment should you follow?

In cases of danger from immediate suffocation, what must you do?

#### LEUCORRHOEA; FLUOR ALBUS.

*Symptoms.*—This is one of the most common and the most obstinate diseases to which a female is liable; sometimes it is called the whites, at other times "a weakness." The discharge most commonly arises from the upper part of the vagina, but in some cases it may be traced to a high degree of irritation of the womb itself. It should be remembered, that profuse leucorrhœa occurring at the period of life when menstruation generally ceases, is often a sign of structural disease, and hence the necessity of a careful examination. The predisposing and exciting causes of this complaint are various; it may arise from scrophula, frequent child-bearing: abortions, a disordered state of the menstruation, or from worms in the lower part of the intestines, such as the escharides in the rectum.

hotá hai, aur báis is marz ká aksar rahná sardí men yá namí men hotá hai.

*Maáljah.*—Fasd báth kí baghair tákhir karcn, aur is qadar khún lewen ki maríz ko naubat ghash kí pahunche, bäd uske gale ko joñkon se bhar den, aur iske bäd ek bará poultice lagáwen, yá gale ko senk den. Jahán tak jald mumkin ho muñh láná cháhiye, aur is nazar par páñch yá das grain calomel dúsre tísre ghanṭe dete rahan téwaqtiki muñh á jáwe, aur tez mercurial ointment yane' tez marham párah chadlȫn aur baghlon men aur zer zánú men din men tín yá chár martabah malen, kyunki jis waqt maríz ko thúkne kí táqat ho játí hai us waqt khauf ján ká nahín rahtá. Darsúratiki yih khatrá ho ki dam jald ruk jáwegá to intizár muñh áne ká na karcn balki halaq ko bilá támul kholen, is ámal ko bronchotomy kahte hain. Is ke zariyah se fauran ifáqah ho jáwegá, aur qábú istamál párah ká bhí milegá, kyunki na to faqt parah lí na yih ámal sirf maríz ko bachá saktá hai, yih donon báteñ hálat shiddat men ámal men láí jáweñ, báqí maáljah bäd iske wuhí hain jo ki sozish azái tannaffus men kiye játé hain.

### Sarrálát.

Kyá alámateñ laryngitis yane sozish hinjiah kí hotí hain ?

Kyá maáljah karná cháhiye ?

Agar dam ghuṭ jáne ká khaträh ho pahle isse ki muñh áwe to is hálat men kyá karná cháhiye ?

### LEUCORRHœA; YANE HAIZ.

*Alámaten.*—Jin amrázon men auraten multilá hotí hain un men se yih marz niháyat ám aur niháyat ghair iláj pazír hotá hai, baz auqát is ko whites kalite hain, aur baz auqát weakness yane kamzorí. Ikhraj aksar úpar kí taraf se unuq-ul-riham ke hotá hai, magar baz auqát is báis se hotá hai ki khud riham men bahut sozish ho játí hai. Yih yád rahe ki jab ki marz leucorrhœa yane haiz men ikhraj khún ziyádatí se howe, aur yih marz us zamáne men wáqa ho jab ki haiz mauquf ho játá hai to aksar yih alámat structural yane mánind fitiq ke hotí hai, aur isí jihat se pur zarur hai ki is marz ki tashkhish men khauz karen. Jin báisón se medeh láhaq hone is marz ká paidá hotá hai wuh mutaddid hain. Yih marz basabab scrophula yane kanthmálá yá bárbár ke janne yá abortion yane isqát hamal yá menstruation yane beqaidah áne

*Treatment.*—Attention should be paid to the stage of the circulation and general health. If there is a quick pulse, a coated tongue, thirst, with determination of blood to the head; bleeding from the arm, together with active purging, and keeping your patient on a vegetable diet, may perhaps remove the disease, without the employment of local remedies. Leeches to the groins, or cupping over the loins, is however in general of great service, in the acute form. The bowels are to be kept open, but if the digestion is impaired, the purgatives employed must be mild in their nature. The best local application is a solution of the nitrate of silver, commencing with three grains to the ounce of distilled water, gradually increasing the strength. A curved bone syringe should always be used, and the patient should place herself in the recumbent posture, and remain so for several minutes after the syringe has been removed. The nitrate of silver causes neither pain nor irritation.

#### *Questions.*

- Describe the symptoms of leucorrhœa ?
- Enumerate some of the causes that may give rise to the disease?
- What constitutional treatment should you adopt ?
- What local application to the vagina has been strongly recommended ?

#### LUMBAGO; RHEUMATISM OF THE LOINS.

*Symptoms.*—There is very severe pain in the muscles of the loins, descending on the outer side of the thighs and increased on motion, accompanied with more or less fever; the pulse is quick, soft, and full; the tongue white, and the urine high coloured. There is profuse sweating, the parts are hot, swollen and painful, increased by heat.

*Treatment.*—If the patient is plethoric, you must bleed both generally and locally, and apply cold or tepid lotions to the part. Internally you must give the following saline mixture:

haiz yá babájs par jáne kíron ke níche ke hissa men antariyon ke, misl kíron escharides ke jo ki miqad men par játe hain paidá ho saktá hai.

*Maáljah.*—Tawaji taraf hálat daurah khún kí karen, aur riyáyat sab tarah kí sihat ke rakkhen. Agar nabz men sarat aur zubán par mail aur tishnagi howe, aur iske dimágh men khún thahar jáwe, to lená háth kí fasd ká aur dená tez mushil ká, aur rakhná marízah ko ghizai qism baqulát par sháyad is marz kodafa kar saktá hai, baghair iske ki maáljah khás muqám i marz par aml men áwe. Lagáná jónkon ká chaddon men aur síngion ká kamar men jab ki marz acute yané shadíd hotá hai niháyat fáidah rakh-tá hai. Antariyán khulí rakhní cháhiyen, lekin agar házmah kharáb ho gayá ho, julláb dene cháhiyen, magar sakht qism ke na hon. Bahtar dawá jis ká istamál muqám marz par karná cháhiye wuh yih hai ki solution nitrate of silver ká bamiqdár tín grain ek ounce ṭapkáe hue pání men milákar shurú karen, isse darjah badar-jah táqat barhtí hai. Pichkári téhí haqqí kí hameshah kám men lání cháhiye, aur marízah ko cháhiye ki bäd nikalne is pichkári ke chand lahzah tak khámídah rahe. Nitrate of silver se na to ízá na sozish hotí hai.

#### *Saválát.*

Alámateñ leucorrhœa kí bayán karo ?

Chand bájs paidá hone is marz ke bayán karo ?

Kyá iláj baliház ám sihat ke karná cháhiye ?

Kaunsi dawá wáste ƿunuq-ul-riham ke munásib hai ?

#### LUMBAGO ; YANE DARD-I-KAMAR.

Is bímári men kamar ke paṭthon men shiddat se dard hotá hai, aur úpar kí taraf zánú ke utar átá hai, aur harkat se ziyádah hotá hai, aur hamráh is dard ke kam o besh bukhár bhí hotá hai. Nabz saríh aur narm aur mumtalí rahtí hai, aur zubán sufed aur pesháb tez rang ká. Pasínah bashiddat átá hai, aur ajzáe muqám marz ke phúle hue hote hain, aur garní se barh játe hain.

*Maáljah.*—Agar maríz damwí mizáj ho to tanqiyah khún bazaríah fasd ke aur muqám marz ke donon tarah par karen, aur sard yá ním garm lotion muqám marz par lagáwen, aur kháne ke liye murakkab adwiyah zel dewen :

Liquor Ammoniae acetatis, half an ounce,  
 Camphor mixture, half an ounce,  
 Wine of colchicum, twenty drops,  
 Antimonial wine, twenty drops,

regularly every six hours, having previously cleared the bowels out with a full dose of calomel and jalap. Animal food and fermented liquors should be strictly forbidden during the active stage; barley water or toast and water, with a little plain sago, are all that should be allowed. If there should be very great pain, the hot bath may be given twice a day. When the inflammation is subdued, counter-irritation by tartar emetic ointment or mustard poultices will be of service. The strength may be supported with quinine, or any aromatic bitter.

#### *Questions.*

What are the symptoms of lumbago ?

What treatment should you adopt ?

#### **MENORRHAGIA ; PROFUSE MENSTRUATION.**

This disease may be either active or passive; the former arising from too great activity in the vessels of the uterus, the latter from a want of tone in their secreting orifices.

*Symptoms of the active form.*—Sometimes for two or three days before the expected period, there is a sensation of unusual fulness about the pelvis, with throbbing of the womb, along with sense of heat and weight, the external parts of generation are often slightly swollen, and the breasts become hot, tumid, and painful. The circulation is quickened, the mouth hot, the tongue dry, with thirst, and there is a general feeling of oppression, with headache and giddiness. After these symptoms have lasted for a certain time, menstruation begins; but the discharge comes on with violence, in gushes, and usually accompanied with pure blood. The progress is then variable; sometimes after the first few hours the patient feels relieved, lighter and cooler, and the rest of the period passes over more quietly and naturally; but in more aggravated cases, the flow still proceeds in equal or increased quantity, and lasts for several days, occasionally subdued, but again breaking

Liquor ammonia acetatis, ádhá ounce,  
 Camphor mixture, ádhá ounce,  
 Wine of colchicum, bíś qatrah,  
 Antimonial wine, bíś qatrah.

Istamál is dawá ká har chhalí ghanṭe ke bād karen̄, magar pahle antariyōn ko púrī māutād jalap se sáf kar̄ len̄.

Kháne se gosht ke aur píne se sharáb ke darmiyán shiddat marz ke batákíd parhez batláná cháhiye, sirf áb-i-jau yá seṅkí hue nán páo aur pání ke mah thore se sago ke ijázat dení cháhiye.

Agar dard shiddat se howe to din men̄ do martabah garm pání men̄ bithlá sakte hain̄. Jab ki sozish kam ho jáwe to counter-irritation bazariḥ marham tartar emetic yá ráí ke poultice ke muſid hogá. Táqat maríz kí bazariḥ quinine yá kisí talkh dawá ke bahál rakh sakte hain̄.

### *Sawálát.*

Kyá alamateñ marz lumbago kí hotí hain̄ ?

Kyá ıláj karná cháhiye ?

### MENORRHAGIA: YĀNE BAKASRAT ÁNA KHÚN HAIZ KÁ.

Yih bímári do qism kí hotí hai, ek to active yanç mutaharrik, aur dusrí passive yanç ɭahárí huí. Pahlí qism paidá hotí hai basabab niháyat harkat ɻurúq-i-ríshm ke, aur dusrí basabab na hone quwwat ke ɻurúk mazkúrah ke siroñ men̄ jinse khún átā hai.

*Alámateñ qism árzah active yanç awwal kí.*—Baz auqát do yá tín din pahle ayám haiz ke. Ek khás púrī sí qaríb muqám warq ke malúm hotí hai aur bachhedán dharaktá hai, aur garmí aur bojh malúm hotá hai, aur berúní azá-i-furj kí phúljáte hain̄, aur chhátiōn men̄ garmí aur ubhár aur dard ho játá hai. Daurah khún men̄ sarat hotí hai, aur dahan garam, aur zabán khushk aur tishnígí paidá hotí hai, aur aksar suqát taklíf dard sir aur daurán sir kí hotí hai. Bād rahne in alámaton̄ ke, ek khás arse tak ijrái khún haiz shurú hotá hai, magar sáth shiddat ke aur aksar khális khún áta hai. Bād iske taraqqí is marz kí muğhtalif tarah par hotí hai, baz auqát pahle chand ghanṭon̄ ke marízah ko ifáqat malúm hotí hai, aur wuh apne taín subaktar aur sard pátí hai, aur bágí auqát ziyádahtar qarár o árám aur hújat aslı men̄ guzartí hai, lekin hálat ziyádatí marz men̄ baháo haiz ká barábar yá ziyádah miqdár men̄ barhtá játá hai, aur káí din tak

forth upon the slightest exertion, till at the end of the period the patient is left weak and languid, with a feeble pulse and pale countenance. By the time of the recurrence of the monthly period the individual is perhaps restored to the previous state of health, but the same train of circumstances is again renewed with perhaps increased severity, and the complaint rarely lasts long without the number of days intervening between the periods being rapidly diminished, till at last scarcely one period is over before the next approaches. *The causes* of the active form of the disease. It is found to occur in plethoric habits, in those who live a sedentary and indolent life, aggravated or excited by luxurious living, hot rooms, and also by very violent exercise, or any other very fatiguing exertion.

*Treatment of the acute form.*—In a patient who has been till recently in a robust and plethoric habit of body, and in whom the disease has been of recent origin, or has arisen from temporary and accidental causes, you should bleed from the arm, judging of the quantity to be taken by the powers of the patient, and the severity of the symptoms. Cold should then be applied freely to the abdomen, pelvis, loins, and back: the cold hip bath, dashing cold water, or vinegar and water on the person, injecting cold water into the vagina, and applying ice, both externally and internally, to the os uteri. Strong astringent injections into the vagina, consisting of solutions of alum or sulphate of zinc in infusion of galls, or decoction of oak bark, are often of service. In obstinate cases, where all other plans have been tried in vain, the following remedy though resulting in serious mischief occasionally may be followed. A gum elastic male catheter is to be carefully inserted into the womb itself, and by means of a syringe, about thirty or forty drops of a weak solution of alum or sugar of lead (five grains of either to one once of water) is to be very carefully injected, and the catheter to be removed as soon as it produces pain in the back. Accumulations of hard faeces in the rectum should always be removed as soon as possible by a clyster of cold water. Internally, the patient should take from one to three grains of the sugar

rahtá hai, aur agarche yih kabhí kam ho játá hai lekin filjumlah harkat aur mahnat se phir járí ho játá hai, aur ákhir ayám haiz tak marízah zaíf aur sust ho jáí hai, aur nabz zaíf aur chehra zard ho játá hai. Tawaqtiki əud karne máhwári ayám haiz ke marízah ghálban pahlí hálat i sihat par á játí hai, lekin wuhí silsila az sarenau shurú hotá hai balki sháyat ziyádah sakhtí se, aur yih marz sház o nádir hí bader rahtá hai, baghair is ke ki tādá dinon kí jo ki mábain do haizon ke hotí hai, jald kam na ho jáwe hattá ke ákhirkár hanoz ek zamána ayám haiz ká ákhir nahín huá hai ki dusrá waqt uská nazdik á játá hai, bød iske yih marz qism doyam se ho játá hai, khwá baliház muqám marz, khwá baliház aur alámaton ki. Báis paidá hone awwal qism is marz ke, yih bímári un auratoñ ko áyad hotí hai jo damwí mizáj hain aur unko jo ki behar-katí aur káhilí men ʊmr basar kartí hain aur ziyádah ho játí hai yá paidá hotí hai basabab aish o ashrat aur garm kamron, aur blí bahut sakht riyázat aur bahut thakánewálí mahnat ke.

*Maqíjah qism awwal ká.*—Jo marízah ki hanoz tawáná aur damwí mizáj ho aur yih bímári chand roz kí ho yá árzí, aur ittifáqí báison se láhaq huí ho to uske bázú kí fasd lení cháhiye, magar táqat marízah aur sakhtí alámat se khyál miqdár khún ká malhúz rahe. Bød iske sard chízen perhú, aur muqám warq, aur kamar, aur pusht par lagání cháhiyen. Tába kamar sard pání men baithná aur tarefá áb-i-sard ká yá sirka aur pání jism par dálná aur pich-kári sc furj men ḥandá pání dálná aur lagáná barf ká báhar aur andar rihm ke muſíd hai. Dená qawíqábiz pichkáriyon ká furj men mushtamil solution yane gholí huí alum, yá sulphate of zinc, infusion of gall, yane khisándah májú men yá joshándah oak bark men aksar muſíd hotá hai. Jaháñ ki aur tadbíren beqáidah wáqá huí hain iláj marqúmat-uz-zail agarchi súrat-i-kharábí-i-azím hai lekin kabhí kabhí zarúratan mauqe se əmal men á saktá hai. Ek gond kí salái hoshiyári se rihm ke andar rakkhí jáwe aur bawasílah ek pich-kári ke tís yá chális qatreh ek halkí solution yane gholí huí phiṭkári yá sugar of lead ke páñch grain ek ouncc pání men bahtiyát tamám andar dálí jáwen, aur salái hattái jáwe, bafaur is ke ki wuh pusht men dard paidá kare. Chahiye ke hamesha huttul wasah bahut jald bráz sakht jo ki miqad men jamá ho gayá hai níkálá jáwe áb-i-sard ke huknah se, aur is asní men marízah ko cháhiye ki ek se tíñ grain tak sugar of lead aur chauthái grain opium

lead and a quarter of a grain of opium, every two, three or four hours, according to the urgency of the symptoms. Large doses of the nitrate of potash or of the oil of turpentine have occasionally been given with success. Alum whey may be given as drink, or a very weak solution of sulphuric acid, five drops of the acid to a pint of water, made palatable with sugar. In all these cases, you should first thoroughly examine and see, if there is not a polypus, which may be causing the haemorrhage. It is always indispensable that the patient should keep perfectly quiet, and retain the horizontal position.

*Symptoms of the passive form.*—The patient is habitually languid, has palpitations of the heart, and violent headaches, with throbbing and beating of the temples, singing in the ears and giddiness, all arising from debility. When the complaint has been of long standing, but not very suddenly violent, the complexion becomes sallow and cadaverous, the countenance either pinched and emaciated, or bloated and anasarca; the pulse rapid and feeble, the legs and feet dropsical, the respiration short and difficult.

*The causes of the passive form.*—They are caused by all those circumstances which lower the bodily powers, and weaken the action of the heart and arteries. The local causes may be blows or falls, or any other local violence; frequent and recent abortions, fluor albus, irritation in the bladder, diarrhoea, tenesmus, piles, worms, or dried faeces in the rectum, habitual or accidental constiveness, and organic or functional disease of the liver.

*Treatment of the passive form.*—If the individual should be plethoric, bleeding may be required. Cooling saline medicines may be taken, and the bowels kept open by an infusion of roses and epsom salts, and if it irritates the bowels, tincture of henbane may be added. Cold hip bathing, and also cold astringent injections, will be found useful. Perfect rest should be ordered. The diet should be farinaceous, and all wines left off. In the more feeble constitutions, the sulphate of zinc has been given with very great benefit, in doses of one or two grains, three times a day, made up into a pill. The steel wine also in full doses has proved

har ek do yá tín yá chár ghanṭe bād bamújib zarurat alámaton marz ke píwe. Bare mautádon shore ke, khár yá roghan turpentine ke dene se bāz auqát bahut fáidah hásil huá hai. Pání álum bajái pání píne ke liye diyá já saktá hai, yá ek bahut kamzor solution of sulphuric acid ká; páñch qatre acid mazkúr ke nisf botal pání men misrí milákar qábil píne ke kar diye jáwen. In tamám hálaton men awwal bakhúbí imtihán karná cháhiye, aur dekhná cháhiye ki áyá koí dumhal rihm men na ho kyunki yih dumbal bájs ijrái khún ho saktá hai. Yih bát hameshah munásib hai ki marízah apne taín bakhúbí chupcháp rakhe aur sídhí letí rahá kare.

*Alámateq marz qism doyam yane bakasrat áne khún haiz kí.*—Marízah harwaqt sust rahtí hai, aur dhárakná dil ká aur dard sir shadíd rahtá hai, aur kanpaṭiyon men bháraṭ aur dhamak hotí hai, aur kánoy moq̄ sansanáhaṭ aur daurán sír hotá hai, aur yih tamám báteq basabab nátawání ke hotí haiṇ. Jab ki yih marz muzminah ho gayá ho aur dafátan uskí shiddat nahín huí hai to rang chehraḥ ká zard aur murdah ká sá, aur chehraḥ sutá huá aur lághar yá ámásídah aur phulá huá ho játá hai, nabz tund aur zaif, aur tángēn aur páñw misl mustasqí ke, aur tanaffus kotáh aur mushkil ho játá hai.

*Bájs paidá hone marz qism doyam ke.*—Yih bímári tamám un báton se paidá hotí hai, jo ki jisme quwwatoṇ ko kam aur harkat dil o shiryán ko kamzor kartí haiṇ. Khás bájs ho sakte haiṇ sadmáti yá girparná, yá koí aur khás sabab aksar aur nayá honá isqát-i-hamal ká aur ána ratúbat ká, yá harárat masáne, yá ishál aur maṛoṭá, yá bawásír, yá kíre, yá khushk baráz miqad men, yá ádaí, yá ittasqí inqabáz aur azwí, yá kísí tarah ká árzah jigar ká.

*Maḍljaḥ qism doyam ká.*—Agar marízah men ziyádatí khún malúm hotí ho to khún lene kí zarúratho saktí hai. Sard karnewálí namkín adwiyah amal meq̄ á saktí haiṇ, aur rodch khole jáwen bazariaḥ khisándah guláb aur epsom sált ke, aur agar wuh rodon men khalish paidá kare to tincture of henbane us men shámil kyá jáwe. Kúlah tak sard páñi men baithná aur bhí ṭhándí qábiz pichkáriyáṇ bahut muſíd hongí. Maríz ko tákíd istaráhat se rahne ki kí jáwe. Ghizáraqiq o muqawwí honí cháhiye, aur tamám sharáben tark kará dí jáwen. Ziyádatar nátawán jism wálon ko sulphate of zinc diyá gayá hai, aur usse

beneficial, acting as a tonic in numerous cases. In that form of the disease arising from a disordered liver, or a retarded state of the circulation through the abdominal veins, the patient should take small doses of plummer's pill, to act as an alterative, assisted by full doses of the decoction or the extract of taraxacum. The bowels should be regulated by a pill composed of ipecacuanha, soap and rhubarb, assisted if necessary by a clyster of soap and water. Great relief will often be felt by the application of a few leeches from time to time to the anus.

. *Questions.*

How many forms of menorrhagia are there ?

What are the usual symptoms of the active form ?

Enumerate some of the causes that give rise to the active form of the disease ?

What treatment should you adopt in the active form of the disease ?

What are the usual symptoms of the passive form of the disease ?

What are the causes that may give rise to the passive form of the disease ?

What treatment is to be adopted in the passive form of the disease ?

**NEPHRITIS; INFLAMMATION OF THE KIDNEYS.**

*Symptoms.*—More or less fever, with pain in the loins, chiefly confined to one side, which runs along the ureter towards the bladder, and down the inside of the thigh: nausea, vomiting, a constant desire to make water, retraction of the testicle of the affected side, which is sometimes swollen and painful; the urine is scanty and red. This disease may be distinguished from lumbago by the following signs. In lumbago, the pain is generally felt on both sides of the loins, in nephritis only on one side: in lumbago the pain descends to the outer side of the thigh, along the course of the sciatic nerve, and increased on motion, whereas in nephritis, the pain generally only extends to the bladder, testicle, and inside

bahat bará fáidah huá hai; yih dawá ek yá do grain din bhar men tím dafa golí baná kar dí játi hai. Steel wine bhí púri mautádon men aksar maríz ko fáidamand wáqá huí hai, kyunki muqawwí hai. Us qism kí bímári men jo ki betarkibí jigar se yá ruke hue daurah ķhún ke se darmiyán uros perú ke paidá hotí hai, maríz ko halki mautáden plumer's pill kí den, kyunki yih tartib dahindah hai, aur iskí madat ke liye púri mautád joshándah yá extract of taraxacum ke dewen. Cháhiye kí rodah tartib diye jáwen ek golí se joki banái jáwe ipecacuanha aur sabún aur reward chíní se, aur bashart zarúrat madad kí jáwe sáth ek huqnah sábun aur pání ke, aur kabhí kabhí miqad par chand jonken lagáne se aksar barí taskín malúm hogí.

### Sawálát.

Kitne iqsám árzah kasrat ámad ķhún haiz ke hain?

Kyá hain mämúlí alámaten qism awwal yane mutharrik kí?

Bayán karo baze báis jo ki mujib paidá hone qism awwal árzah kasrat ámad ķhún haiz ke hote hain.

Kyá iláj iķhtiyár karoge wáste qism mutharrik bímári mazkúr ke?

Kyá hain mämúlí alámaten qism passive yane tħahre hue árzah mazkúr ke?

Kyá hain sabab jo ki bájs hadus qism doyam árzah mazkúr ke hote hain?

Kyá iláj iķhtiyár karná chahíye qism doyam men árzah mazkúr ke?

### NEPHRITIS ; YANE SOZISH-I-GURDAH.

Alámaten.—Kam o besh bukhár aur uske sáth dard kamar rahtá hai, aur yih dard ziyádatar ekhí jánib men hotá hai, aur wahág se phail kar taraf masánah ke utar átá hai, aur tale kí taraf zánú ke játa hai. Málisch-i-dil aur qai aur har dam hájat pesháb kí hotí hai, aur usí taraf ká bezah jidhar ko ķhalal hotá hai chārh játa hai, aur kabhí us men warm aur dard bhí hotá hai, aur pesháb thorá aur surkh rang átá hai. Is marz men aur dard kamar men tamás alámaton zail se ho saktí hai, dard kamar men amúman dard donon jánib men kamar ke malúm detá hai, aur sozish gurdah men faqt ek-hí taraf. Dard kamar men, dard úpar kí taraf zánú ke sciatic nerve kí taraf hotá huá utartá hai, aur harkat karne se ziyádah hetá hai,

of the thigh. This disease may be caused by exposure to cold; from mechanical violence, such as a blow, twist, or fall; or it may be caused by the use of turpentine or cantharides; or by a stone in the kidney.

*Treatment.*—Bleeding, both general and local, by cupping or leeches, calomel purges and the warm bath. Fomentations should be constantly renewed, and if the first bleeding does not afford the necessary relief, it should be repeated again and again, according to the strength of the pulse and the urgency of the symptoms. Should suppuration ensue, you must support the strength of the patient, tranquillize him with anodynes, and perhaps give the *uva ursi*.

#### *Questions.*

- What are the usual symptoms of nephritis ?
- How is nephritis distinguished from lumbago ?
- Enumerate some of the causes that give rise to nephritis ?
- What treatment should you adopt ?

#### OPHTHALMIA SIMPLEX; SIMPLE OPHTHALMIA.

*Symptoms.*—An itching, followed soon by pain, as if sand or dust was applied to the eye, redness, heat, tension, and throbbing, aggravated by motion or light, and increased flow of scalding tears. Sometimes the eye is unusually dry. In severe cases, the pain shoots from the eye-ball as it were through the head; there is fever, a full, strong hard pulse, generally preceded by rigors. When the eye is examined in the acute stage, the vessels are observed to be superficial and distinct, and to run in *straight* lines, and when the smaller branches are injected, the conjunctiva presents a uniform red appearance. When the disease has become chronic, the vessels become *winding* in their course, and purple in colour.

*Treatment.*—If the pulse be hard, and the excitement great, you must bleed freely from the arm, following it up with leeches, fomentations, brisk purgatives, nauseating doses of tartar emetic and blisters. When the disease assumes the chronic form, attend to the state of the bowels, scarify the inside of the eyelids if they

khilaf iske gurdah kí sozish men dard amúman sirf taraf masánah aur fotoñ aur niche kí taraf zánú ke phaitá hai, yih marz basabab kháne sardí ke yá kisí áseb se misl ghúnse yá maroñ yá girne ke paidá ho saktá hai, yá basabab istamál turpentine yá cantharides yané mulk Spain kí makkhi ke, yá babáis hone pathrí ke gurdah men láhaq ho saktá hai.

*Maqljah.*—Taqiyah khún ká bazariñ fasd aur lagáne singion yá joñkon ke muqám marz par kareñ, aur mushil calomel ká dewen, aur ghusl garm pání se aur senk dambadam jári rahe, agar pahle taqiyah khún se ifáqah na howe, to nazar bar táqat maríz aur zarúrat marz ke taqiyah bárbár karte rahan, agar gurdah pak jáwe to táqat maríz kí bahál rakkhen, aur bazariñ adwiyah khwáb-áwar ke usko taskín dewen, sháyad dawái uva ursi ká istamál kar sakte hain ?

#### *Sawálát.*

Kaunsí mämúlí alámateñ sozish gurdah kí hotí hain ?

Kyunkar sozish gurdah dard kamar se tamíz kiyá játá hai ?

Chand báis bayán karo jinke sabab sozish gurdah paidá hotí hai ?

Kyá iláj karná cháhiye ?

#### OPHTHALMIA ; YANE DUKHNÁ ÁNKHON KÁ.

*Alámateñ.*—Pahle khárish hotí hai, aur bádhú dard is tarah par ki goyá áñkhoñ men ret yá khák bharí huí hai. Áñkhoñ men surkhí aur garmí aur phuláo aur lapak hotí hai, aur harkat roshní se ziyádatí hotí hai, aur balná áñsuon ká ziyádah hotá játá hai. Báz auqát áñkh men ghair mämúlí khushkí páí játí hai shádíd súraton men bukhár bhí rahtá hai, aur nabz pur aur qawí aur sakht hotí hai, agar bád iske rigors yané phureriyán átí hain. Jab ki hálat-i-shiddat men áñkh ko dekhte hain to rageñ satah ki úpar aur judá aur khat-i-ustuwár men malum detí hai, aur jab ke chhotí ragon ko muláhizah karte hain to conjunctiva surkh hotá hai, jis súrat men yih marz kohnah ho játá hai to rageñ apní ráh men pechídah ho játí hain aur arghawáni.

*Maqljah.*—Agar nabz men salábat howe, aur khalish ziyádah to fasd háth kí kareñ, aur khún kháti rhwá lep, aur bád iske joñken lagáwen, aur senken, aur tez julláb aur málísh paidá karnewáli mautád tartar emetic kí dewen, aur blister lagáwen. Jab ki yih marz kohnah ho jáwe to antariyon ke hál par tawajjeh rakkhen,

are much swollen; employ astringent and stimulating washes, a weak solution of caustic, one or two grains to an ounce of distilled water; the vinum opii and blisters to the temples or behind the ears. When the disease is attended with purulent discharge, before you attempt to open the eyelids, bathe them well in warm water. After the termination of the disease, the eyelids are often left in a soft swollen spongy state; to remedy this, use the ordinary astringents; should these fail, apply caustic once every third day, taking great care first of all to evert the eyelid completely, and to bathe the part in a little warm milk and water after the application. In the *purulent ophthalmia of infants*, should both eyes be affected, apply one leech to each temple; give one grain of calomel and two of scammony twice a day, until the bowels are well opened; keep the eyes very clean, and the eyelids from sticking together—this may be done by injecting warm milk and water gently three or four times a day between them, and then applying a little sweet oil to them; exclude the light; keep the child in a cool, well ventilated room; use the warm bath morning and evening; examine the eye thoroughly once or twice a day, and give an occasional opiate. After the inflammation is thoroughly subdued, should the vascularity remain, or the mucous membrane be in a fungous or granulated state, employ an astringent or even a stimulating injection. Should the granular state resist this, you must apply caustic or else scarify them. On the decline of the disease, a mild tonic plan of treatment may be adopted.

#### *Questions.*

What are the usual symptoms of simple ophthalmia ?

Describe the appearance of the eye when examined, in the acute stage and in the chronic ?

What treatment should you adopt in the acute stage ?

What treatment in the chronic form of the disease ?

In the purulent ophthalmia of infants, what treatment should you adopt in the acute stage, and what in the chronic stage ?

aur andar kí taraf papoṭon ke chír den, agar un men warm ziyádah howe, aur qábiz o mutharrik wásh kám men láwen, maslan ek halká sá solution caustic ká bamiqdár ek yá do grain ek ounce pání men istamál karen, aur vinum opii aur blister kanpaṭion par yá kán ke pichhe lagáwen. Jab ki is marz men rímdár mádah bhí khárij hotá ho, to qabl az chírne papoṭon ke unko garm pání se khúb dhoná cháhiye, bád iktitám is marz ke aksar auqát papote naram aur phúle hue aur sponge kí mánind hote hain; wáste un ke durust karne ke māmúlí adwiyah qábiz kám men láwen, aur agar inse kuchh fáidah na howe, to har tísre din caustic yane tezáb lagáte rahan, magar is bát ka bahut liház rahe ki awwal papote ko bilkul ulat den, aur thore se dúdh aur pání men dho kar dawái mazkúreh ká istamál karen. Agar bachchon ko yih árzah howe, aur donon áñkhon se mawád rímdár jári howe, to ek ek joñk donon kanpaṭion par lagáwen, aur ek grain calomel aur do grain scammony yane saqmonia ek din men do martabah dete rahan, táwaqtiki ḋantariyán baķhúbí khul jáwen. Áñkhon ko bahut sáf rakkhen, aur papoṭon ko chimaṭne na den, bazariah dálne garm dúdh aur pání ke áhistah áhistah ek din men tíyá chár martabah, aur bád iske zará sá míthá tel un men lagáwen, makán men roshní na ánc den, aur bacheche ko sard hawádár makán men rakkhen, aur subah o shám garm pání se nahláwen, áñkh ke baghaur ek din men ek yá do martabah dekhte rahan, aur kabhí kablí adwiyah opium ámez dewen, jab ki sozish bilkul rafa ho jáwe aur pardah үrúq balğhamí aur dánedár sá howe, to pichkári qábiz balki maharrik dewen. Agar yih dáne is tadbír se isláh pizír na hoñ, to caustic yane tezáb lagáwen, nahín to chír den. Barwaqt kam hone is marz ke iláj halká aur quwwat baķhsh iktiyár karná cháhiye.

### Sawálát.

Kyá māmúlí alámateñ marz ophthalmia kí hotí haiñ ?

Hálat shiddat men yá jab ki yih marz kohnah par játá hai to áñkh kí shakl kaisí hotí hai ?

Hálat shiddat men kyá iláj karná cháhiye ?

Jab ki yih marz kohnah ho jáwe to kyá iláj karen ?

Jin súraton men ki bachchon ko yih marz láhaq howe aur mawád rímdár jári ho to hálat-i-shadíd aur kohnah men kyá iláj karná cháhiye ?

When the disease declines, what class of medicines should you give the child ?

### PERITONITIS; INFLAMMATION OF THE PERITONEUM.

This disease may assume either the acute or chronic form.

*Symptoms of the acute form.*—This affection frequently commences by a shivering more or less prolonged, accompanied by a feeling of general indisposition and weariness in the limbs. At an uncertain period reaction takes place, and heat of skin more or less pungent, with headache, constriction of the epigastric region, a frequent, hard, concentrated pulse, together with heat and excruciating pain in the abdomen, the weight of the bed clothes even aggravating it ; the patient lies constantly on his back, and cannot without increase of suffering lean to either side ; he keeps his knees in a slight degree elevated. His respiration is frequent, small, and interrupted, and chiefly performed by the abdominal muscles. In some cases the abdomen becomes tense and swollen. There is also hiccup, nausea, and vomiting. The bowels are generally obstinately costive, though occasionally relaxed. The pulse, as the disease advances, is frequent and small, ranging from 120 to 130 in the minute, and feels like a small whip-coil or harp-string. The tongue is covered with a whitish fur, the urine is scanty and high coloured, and there is excessive thirst, which the patient fears to gratify in consequence of the vomiting which ensues. The disease may remain stationary for thirty or forty days, but in most instances, the patient sinks in sixteen or twenty-four hours unless relieved. The approach of death is marked by a cessation of pain, by the pulse becoming quicker, smaller, and very weak, feeling like a soft undulating line ; the extremities and the whole body becomes cold, the abdomen becomes more tumid and tense, but in some cases soft and relaxed ; the face is sunk and especially hollow round the eyes ; the vomiting is succeeded by regurgitation of the liquid contents of the stomach ; sometimes delirium or coma, at other times, convulsions of the head or limbs. Acute peritonitis may terminate by resolution, by effusion, by gangrene, or it may assume the chronic form. *Resolution* may take place between the fifth and twentieth day. It is indicated by a cessation of pain, fever, and other inflammatory symptoms ; the neighbouring organs resume .

Jab ki marz kam hone lage to kis qism ke adwiyah dení chahiye?

### PERITONITIS.

Yih bímári do qism kí ho saktí hai, shadíd yá kohnah.

*Alámaten qism shadíd kí.*—Yih bímári aksar shúrú hotí hai sáth ek larzeh ke jo ki bahut yá thoří der rahtá hai, aur malúm honá kasalmandí aur sustí-i-azá ká iske sáth hotá hai, ek betahqíq waqt men amal is ká muqarrar wáqá hotá hai, aur garmí jild kí kam yá ziyádah tez ho játí hai, sáth dard sir aur bastgí-i-muqám-i-báláe medeh ke, aur nabz sarí aur sakht aur pechídah hotí hai, aur garmí aur taklíf dihandah dard is qadar perú men hotá hai, ki bojh bistar ke kapron ká bhí use ziyádah kar detá hai. Maríz hameshah chit pará rahtá hai, aur bidún ziyádatí taklíf ke karwañ nahín le saktá hai, aur apne ghuṭuṇoñ ko filjumlah únchá rakhtá hai. Uská tanaffus sarí aur kotáh aur ruká huá hotá hai, aur liyá játá hai sáth puṭṭhoñ mutaliq perú ke. Bází hálaton men perú tan aur phúl játá hai, us meñ hichkiyán aur ghasyán aur qai ána bhí hotá hai. Ánten əmúman niháyat shiddat se munqabiz ho játí hai, go kabhí kablí dhílí par jáwen. Jab ki yih bímári baṛhtí hai nabz sarí aur patlí hotí hai, aur ek sau bí se ek sau tís tak ek minute men harkat kartí hai, aur mahsús hotí hai, misl ek chhoṭe chábuk kí ḥor yá tár barbat ke, zubán safedí māil kánṭon se chhip játí hai, pesháh kam átā hai, aur niháyat rangín hotá hai, tishnagi bashiddat hotí hai, lekin maríz babáis ḥhiyál istafrágh kuchh pí nahín saktá, is andeshah se ki istafrágh hotá hai. Yih bímári qáyam rah saktí hai tís yá chálís din tak, lekin aksar muqám men yih daryáſt huá hai ki darsúrat iláj na hone ke maríz kí hálat solah yá chaubís ghanṭe men tabáh ho játí hai. Qurb maut ká mauquſ-i-dard aur tezí aur bárikí aur záuf nabz se malúm ho játá hai, nabz is mauqá par misl ek laharnewále mad ke mahsús hotí hai, láth páyw aur tamám jism sard rahtá hai, aur perú zi-yádatar ámásídah aur sakht ho játá hai, magar bází hálaton men muláyam aur dhílá bhí hotá hai, chehráh utar játá hai, aur ḥasúsan āṅkhoñ ke gird halqeh par játe hai, bád qai áne ke yih hotá hai ki mawád raqíq medeh ká wápis játá hai, báze waqt hizyán yá behoshí, aur báze auqát sir yá azá meñ tashannuj hotá hai.

Qism shadíd ikhtitám pá saktí hai sáth tahlíl hone yá ziyádah

their functions, the patient can turn on his side, and bear pressure on his abdomen, (which should in all cases be made with the palm of the hand, and not with the points of the fingers,) nausea and vomiting disappear, the pulse becomes slow and soft, the urine abundant, the perspiration copious, and the sleep is quiet and refreshing. *Effusion*: the fluid effused may be serum, pus, or in some rare instances blood; they may exist singly or in combination with each other, or with coagulable lymph. The symptoms which denote effusion, are diminution of the abdominal pain, with sense of weight and oppression in the affected part, irregular chills, softness of the pulse, paleness of the countenance, and coldness of the extremities; fluctuation may also occasionally be felt. *Gangrene*: the symptoms of this termination, are sudden cessation of the abdominal pain, smallness of the pulse, which becomes concentrated and intermitting, extreme prostration of strength, a peculiar sardonic grin, and speedy death. This termination of the disease is very rare.

*Treatment of acute peritonitis*.—You should bleed your patient in the arm, making a large orifice, and allow the stream to flow, either until the pain is relieved or weakness of the pulse and faintness is produced. Having allowed your patient to recover from the faintness, his abdomen should be slightly fomented with warm water, wiped dry, and leeches should be applied in numbers proportioned to the urgency of the symptoms and strength of the patient. In a robust adult, fifty or sixty is the usual number. They should be especially concentrated over the parts where most pain and tenderness on pressure exists, and after they have fallen off, fomentations with cloths dipped in warm water should be assiduously applied and repeated for some time, to encourage the bleeding and soothe the irritation of the inflamed parts. The leeches may be repeated several times, as long as any considerable remains. Either before, or during the application of the

hone ratúbat yá sar jáne ke yih marz qism kohnah se ho játá hai. Hálat tahlíl wáqa ho saktí hai páñchwen din se bíswen roz tak, aur uskí shanákhṭ yih hai ki dard aur bukhár aur aur alámaten warm kí záil ho játí hain, aur qaríb ke azá men quwwat aur harkat apne apne kám karne kí dobárah á játí hai, aur maríz karwat le saktá hai, aur agar uske shikam ko dabáwen to sahár saktá hai, (magar yih yád rahe ki shikam ko har hal men hathelí se dabáná cháhiye, aur ungliyon se nahín), aur ghisyán aur qai ka áná mauqúf ho játá hai, nabz susť aur muláyam ho játí hai, aur pesháb aur paríná bahut átā hai, aur nínd árám se átí hai, aur usse istaráhat hotí hai ziyádatí-i-ratúbat. Mawád raqíq jo ki ziyádah ho játá hai wuh yá to zard áb yá rím yá bazí súraton men magar sház o nádir khún hotá hai, yih mawád ho saktá hai tanhá yá baittisáq aur shamul ek dúsre ke yá sáth qabil injamád ratúbat ke. Alámaten jin se záhir hotá bai ki ratúbat ziyádah ho gaí hai weh yih hain, ki dard shikam kam ho játá hai, aur muqám marz men bojh aur dabáo malum hotá hai, beqáidah khun kí aur muláimat nabz kí, aur zardí chehráh kí, aur sard honá háth pañw ká, aur kabhí kabhí beqarári bhí malum hotá hai. *Sarjáná*: Alámaten is tarah par khata mhone is marz ke yih hain ki yakáyak dard shikam mauqúf ho játá hai, aur nabz bárik aur mutwaqqif ho játí hai, aur táqat niháyat záil ho játí hai, aur maríz jald mar játá hai, magar yih anjám bímári mazkúr ká bahut kam hotá hai.

*Maáljah qism shadid sozish pardah shikam ká*.—Maríz kí fasd bázú men gahrá nashtar dekar kholen, aur khún ko nikalne den, yá to jab tak ki dard mauqúf ho jáwe yá nabz zaíf par jáwe aur ghash gáwe. Aur bímár ko hálat-i-ghashí se jab ifáqat ho to cháhiye ki uská shikam áhistah áhistah garam pání se seṅken aur poñchh kar khushk karen, aur jonken muwáfiq zarúrat alámaton aur baliház táqat maríz ke lagáwen. Tawáná jawán ke liye pachás yá sáth jonkon kí mämúlí táféd hai, aur jonken khasús us muqám par ziyádah lagáwen jahán ki dard aur amáo ziyádah ho, aur jab ki wuh chhuṭ jáwen to garam pání men kaprá tar karke muqám mazkúrah par rakkhen, aur bár bár kuchh ərsah tak rakhte rahen, is nazar par ki khún nikaltá rahe, aur muqám marz ko taskín bakhshé. Jonken mukarrar o sikarrar lagái já saktí hain jab tak ki dard men ziyádatí rahe. Khwá peshtar, yá darmiyán lagáne jonkon ke páñch sc das grain tak calomel mai ek yá do grain opium ke dená chá-

leeches from five to ten grains of calomel, with one or two of opium, should be given, which may be repeated in diminished doses every three or four hours. After the second or third dose, the bowels should be opened with a clyster, and if the stomach is not irritable, you may give an ounce of castor oil in any aromatic water, but not in wine, spirits or coffee. If vomiting is urgent, the rochelle salts with the carbonate of soda in a state of effervescence, with lemon juice, may be used in repeated doses, so as to produce a moderately laxative effect. Having evacuated the bowels, the calomel and opium should be resumed, until salivation is produced, by which all the symptoms become mitigated. The warm bath may occasionally be used, and repeated warm fomentations to the abdomen will tend much to relieve the pain and soreness. After the inflammatory action is subdued, great relief will be obtained by the application of flannel to the abdomen dipped in turpentine, in preference to the common blisters. In a tympanitic state of the abdomen, resulting from a mere loss of tone, small quantities of wine and brandy may be given at short intervals. Frictions of the abdomen, and injections of beef tea, bark, or sulphate of quinine, turpentine or tincture of assafœtida, with a moderate quantity of laudanum, may be repeated every two or three hours. When the inflammation is acute, the diet should consist of merely small quantities of rice or barley water ; but during convalescence, he may cautiously take small quantities of animal food and wine, keep his bowels regular, by the vinum aloes, and his feet dry and warm, and wear flannel next to his skin.

*Treatment of Chronic Peritonitis.*—When far advanced, this disease in most cases is incurable; much will depend on arresting it at an early stage. When there is abdominal pain and tenderness, and the constitution of the patient is not very much debilitated, you may bleed him to the extent of six or eight ounces, which may be repeated twice a week, until the symptoms have disappeared. The abdominal soreness may be relieved by the frequent application of leeches. The bowels should be regulated by gentle aperients and clysters. The warm bath or fomentations to the abdomen may be frequently employed, and flannel steeped in turpentine may occasionally be applied to relieve the tenderness. When the pain and soreness are mitigated, if serous effusion

hiye, aur is dawá ko ghatá kar tín tín yá chár chár ghanṭe bād dene ká iᜑkhtiyár hai. Bād dō yá tín māutádon ke cháhiye ki ánten kholí jáwen sáth ek huqnah ke, aur agar medeh irritable na ho to ek ounce castor oil kisí khushbúdár pání men miláwen, lekin kisí qism kí sharáb yá qahwá men na ho. Agar istafragh ká ghalbá ho to rochelle salt hamráh carbonate soda ke bích us hálat ke ki josh kartá ho ərq lemon ke sáth bích mutwatir māutádon ke dewen, is tarah par ki wuh talín kare. Bād khálí karne rodon ke calomel aur opium ká phir istamál kiyá jáwe jab tak ki muñh á jáwe, kyunki issc tamán əlānat kam ho jatí haiṇ. Garam pání se kabhí kablí nahlá sakte haiṇ, aur istamál mukarrar garam seṅkon ká medch par wáste ifáqat dard aur taklíf ke bahut müfid hogá. Bād kam hone sozish ke flannel ke turpentine men gotah de kar lagáne se shikam par ziyádatar fáidah hogá nisbat blis-teron ke. Jis hálat men ki shikam basabab nuqsán quwwat ke aphrá huá howe to muᜑhtasir miqdáren sharáb angúr aur brandy ke thore thore fásle sc dí já saktí haiṇ. Malná shikam ká aur pich-káriyán áb-i-gosht baqar yanq gosht gáw yá bark yá sulphate of quinine aur turpentine yá tincture assafctida ke sáth māutadil miqdár laudanum kí dí já saktí haiṇ pai dar pai do do yá tín tín ghanṭe bād. Jab ki sozish shadíd ho, cháhiye ki ghizá mushtamil ho sirf muᜑhtasir miqdáron cháwal kí pích yá ásh-i-jau se, lekin asnái ifáqat men maríz bahut ahtiyát se thorá thorá gosht kháwe, aur sharáb-i-angúr píwe, magar qadar-i-qalil, aur rakkhe apne rodon ko murattib sáth vinum aloes ke, aur apne pánw ko khushk aur garam aur pahne flannel badan se chímí huí.

*Maᜑljáh qism kohnah sozish pardah shikam ká.*—Jab ki yih bímári bahut baṛh játí to aksar auqát iláj pazír nahíū ho saktí; is marz ko ibtidáhí men rokná cháhiyc. Jab ki shikam men dard aur amáo ho, aur jism maríz ká bahut nátarwán nahíū huá hai, to bazarí fasd ke khún chihalá yá áthi ounce tak le sakte haiṇ, aur táwaqtíki əlámáten rafá na hon, to fasd har haftah men do martabah kar sakte haiṇ. Dard shikam ko basabab aksar lagáne joṅkon ke ifáqá ho saktá hai; Rodeh tarúib diye jáwen sáth halkí adwiyah mulayyan aur huqnah ke. Garam pání sc naháná yá seṅk shikam par aksar kám men á saktí hai, aur párvah flannel bhigoyá huá turpentine men kabhí kabhí wáste ifáqat amáo ke lagáyá já saktá hai. Jab ki dard aur sul kam ho júwe, aur raqíq rezish jári rahe, to marham markú-

exists, the following ointment rubbed gently into the abdomen night and morning, has proved highly beneficial in numerous cases.

Hydriodate of potass, four scruples.

Simple ointment, four ounces.

Strong mercurial ointment, four ounces.

While the effusion continues, tonics, combined with diuretics, are indicated. The ferrum tartarizatum in solution, combined with compound spirit of juniper or good gin, is as good as any, as it acts on the kidneys, and improves the patient's general health. The diet may now be a little more nutritious; milk in small quantities appears the most suitable.

#### *Questions.*

How many forms of the disease are there ?

What are the usual symptoms attending the acute form ?

What are the signs of a fatal termination to the disease ?

How may acute peritonitis terminate ?

What is the treatment to be pursued in acute peritonitis ?

What treatment would you follow in the chronic stage of the disease ?

#### **PERTUSSIS; HOOPING COUGH.**

This disease is one of those which regularly occur but once in the same individual, and that generally in infancy.

*Symptoms.*—Hooping cough commences like an ordinary catarrh, with feverishness, thirst, a running at the nose, tenderness of the eyes, and a frequent dry cough; these symptoms usually continue from four to ten days, at which period the cough changes its character, and assumes its peculiar convulsive form of the disease. It occurs in paroxysms, at intervals of half an hour, to three or four hours, and is accompanied by long and noisy inspirations, with a crowing and whooping sound. During the paroxysm the patient usually shows all the signs of impending suffocation; the face and neck become red, swollen, and often livid, the vessels of the head are full, and a tensive pain is felt in the forehead, the eyes water, and appear as if starting from their sockets; the pulse becomes quick, and the patient is agitated. This state continues for a few minutes, when a

**mat-uz-zail rát ko aur subah ko áhistah áhistah shikam par malná aksar hálaton men niháyat mušíd huá hai.**

Hydriodate of potass, chár scruple.

Simple ointment, chár ounce.

Strong mercurial ointment, chár ounce.

Jab, ki bahná mawád ká járí rahe, to adwiyah muqawwí bashamúl adwiyah mudir ke munásib hain. Ferrum tartarizatum in solution bashamúl compound spirit of juniper yá achchhí sharáb gin ke bahut achchhá iláj hai, kyunki wuh asar karlá hai gurdon par aur bihtar kartá hai maríz kí ám sihat ko. Is hálat men ghizá zará ziyádah qawí ho aur thorá thorá dúdh dená niháyat munásib hai.

#### *Sauálút.*

Kis qadar iqsám is bímári kí hotí hain ?

Kyá hain aksar alámateñ jo ki qism shadíd ke sáth hotí hain ?

Kyá hain asár muhlik bímári mazkúr ke ?

Kis tarah qism shadíl is árzah kí ákhir ho saktí hai ?

Kyá maaljáh ámal men láná cháhiye bich qism shadíd árzah peritonitis ke ?

Kyá ilaj karná cháhiye darjah kohnah men is marz ke ?

#### **PERTUSSIS; YÁNE KÚKAR KHÁNSÍ.**

Yih bímári un marzon men se hai jo ki begáidah siraf ek dasa ek shakhs ko hotí hai, aur aksar auqát bachpan men.

Alámateñ.—Kúkar khánsí shúrú hotí hai misl māmúlí árzah zukám aur nazlah ke, aur uskí tap se, aur piyás hotí hai, aur nák se pání játá hai aur áñkhoñ men dabáne se dard mālúm hotá hai, aur aksar khushk khánsí átí hai, yih alámateñ aksar járí rahtí hain chár din se das din tak, aur is asnaé men khánsí apní súrat badal dáltí hai, aur khás durust súrat kúkar khánsí kí pakarí hai. Wuh waqah hotí hai naubaton aur báriyon men bich muáfáilon ke ádhe ghanṭe se tñ yá chár ghanṭe tak, aur us ke sáth daráz aur guldár tanaffus sáth khánsí aur khurrah ke hotá hai. Darmiyáu naubaton ke maríz ke hál se aksar ásár jald ghuṭ jáne dam ke umáyáñ hote hain chehráh aur gardéñ surkh aur phúlí luí hujátí hai aur aksar nílgun, aur rageñ sir kí phúljátí haip, aur máthe men dard hotá hai, áñkhoñ se pání nikaltá hai, aur aisi malúm detí hain ki goyá báhar niklí átí hain, nabz terá

large quantity of mucus is vomited up; the cough ceases, and the patient gradually recovers tranquillity. In severe cases, discharges of blood may take place during the paroxysms, from the nose, eyes, lungs or stomach; involuntary discharges may also occur from the bladder and bowels. When the second stage has fairly set in, the symptoms of catarrh in favorable cases abate, and the fever is often very slight; the cough declines in severity about the fourth week, the secretion of mucus becomes more abundant, the cough is looser, the paroxysms less violent and fatiguing, and the intervals longer, until at length in two or three months, from the first onset, the disease ceases altogether.

*Treatment.*—The chief object is to avert inflammations or congestions of important organs, as the lungs, brain, or stomach. First give an antimonial emetic, then supposing the child to be one or two years old, give it a draught containing one drop of laudanum, five drops of ipecacuanha wine, and two grains of soda, in four drachms of water. For a purgative, give calomel and rhubarb. The state of the lungs should be narrowly watched, lest bronchitis or pneumonia supervene; any appearance of inflammation should be met by bleeding, purging, and nauseating doses of tartar emetic, if the child be old enough. Exposure to cold must be avoided; change of air will generally remove any residue of the cough. When hooping cough becomes complicated with bronchitis or pneumonia, the greatest care is necessary; the lancet is indicated, profuse and continued purging should be avoided. When irritability of the stomach will not admit of ipecacuanha or tartar emetic, you must then chiefly rely on bleeding, blistering, the warm-bath, and small doses of nitre. The blistering is most beneficial after effusion has taken place in the bronchi and air cells, after which period we must be cautious about any further bleeding. To promote expectoration, antimonials may be employed if the patient be old enough, as also calomel and ipecacuanha, but in very young children, an occasional emetic of ipecacuanha wine and syrup of squills will answer much better, with small doses of the hydrargyrum cum creta and ipecacuanha powder from time to time. The strictest

ho játí hai, aur maríz begarár rahtá hai. Yih hálat chand lahma tak járí rahtí hai jab kí ek bahut balgham muñh se nikal játá hai to khánsí mauqúf ho játí hai aur maríz ko batadríj maan o áram hásil hotá hai. Is marz kí sakht hálatoñ men khún bhí darmiyán naubatoñ ke átá hai, nák yá áñkhoñ yá phephré yá medeh se, aur kabhí kabhí beiñhtiyári meñ baz auqát masánah aur antariyoñ se bhí iñhráj hotá hai. Bäd shurú hone darjah doyám ko alámateñ zukám o nazlah ke darsúrat sihat pazír hone marz ke kam ho játí hain, aur tap bhí aksar auqát bahut khafí hotí hai aur qarib chauthé hafste ke sakhtí khánsí ke bhí kam ho játí hai aur kam taklíf detí hai aur der kar uñtí hai haitaki ákhirkár do tím mahíne men ágház bímári se árzah mazkúr bilkul mauqúf ho játá hai.

*Maqljah*.—Bará matlab yih hai ke dasiñ sozish yá ijtamá khún ká azai raísá meñ misl phephrah aur dimágh yá medeh ke malhúz rahe. Awwal koí antimonial emetic dewep, bäd us ke agar larká ek yá do baras ká ho to ek mautád jo kí müshtamil ho ek qatrah laudanum aur páñch qatrah ipecacuanha wine, aur do grain soda se chár drachm pání men piláwen. Bataur mushil calomel aur rewand chíní dí jáwen. Hálat phephrah per baahtiyát tamám liház rahe, mubádá bronchitis yane sozish i үruk khishnah, yá pneumonia yanc sozish i phephrah paidá ho jáwe aur agar koí zahúr sozish ká malúm ho to us ká iláj khún lene aur julláb dene aur qaiawur mautádon tártar emetic se ámal meñ áwe, basharteki larká zara bara ho. Maríz ko sardí ná pahunchne den, tabdili hawá kí aksar kísí jagah ko, kúkar khánsí ko dür kar detí hai. Jabki kúkar khánsí ke sáth sozish үruq khishnah, yá sozish phephrah bhí ho to niháyat ihtiyát pur zarár hai, khún lená munásib mutsawwar huá hai, aur ziyádah aur hameshah julláb ká dená bhí mamní hai. Jabkí irritability yanc harárat-i-medeh ke ipecacuanha aur tártar emetic ko qabál ná kare to cháhiye ki ziyádah lene fasd aur lagánc blister aur garam pání men baiñháne aur khaffí mautádon shore ke dene se iláj karen. Istamál blister ká darsúrat hone rütúbat ke үruq khishnah aur air cells men bahút muñd hotá hai magar bäd iswaqt ke cháhiye ki ziyádah tar khún lene men ihtiyát malhúz rakkhen. Wáste fáidah iñhráj balgham ke antimoniais yanc adwiyah murakkab surmah kí, aur bhi ipecacuanha aur calomel de sakte hain basharteki maríz kí umr

attention should be paid to the state of the gums and of the bowels, and local determinations, particularly to the head, must be avoided. When convulsions occur, change of air will be found of essential service to the child.

*Questions.*

How often does the hooping cough occur to the same person?

Describe the symptoms of hooping cough.

What treatment should you adopt?

When hooping cough becomes complicated with bronchitis or pneumonia, what should you do ?

**PHTHISIS PULMONALIS; CONSUMPTION.**

*Symptoms.*—Phthisis generally commences with a slight dry cough, which may last for months or years. Sometimes the cough is severe from the commencement, and is accompanied with a mucous expectoration, or spitting of blood may set in and return at different intervals, and give the first sign of the disease. The patient complains of great languor. The slightest exertion, such as walking up a hill, or going up stairs, hurries the breathing; the pulse is more frequent than natural. By degrees the cough and expectoration increases, and hectic fever appears. Two exacerbations in general take place in the twenty-four hours, the first towards noon, and the other about five or six o'clock in the evening, accompanied with a sense of chilliness for about an hour, then the skin becomes warm, and the pulse is accelerated, the patient complains of thirst and uneasiness; in five or six hours, perspiration breaks forth, after which he falls asleep, and when he wakes up finds himself in a profound sweat. He now begins to lose flesh rapidly, and becomes more feeble; diarrhoea now sets in, the cheeks become hollow, and in the centre of them you will see a round patch of a bright colour, the sure sign of hectic fever.

siyádah ho, lekin bahut chhoṭe' bachchon ko kabhí kabhí mauqā par istamál emetic, ipecacuanha wine aur shírah squills ká mísíd hogá sáth chhoṭi mautádon hydrargyrum cum creta aur ipecacuanha powder ke jo kí kabhí kabhí di jáwe. Tawajah tamám rakhni cháhiye hál par masúron aur rodon ke, aur yih bhí khyiyl rahe ki khún kisí muqám marz men thahr na jáwe khasusan sir men. Jab ki tashannuj waqā ho to tabdil áb o hawá kí bachche ke wáste niháyat mísíd pái gaí hai.

### *Sawálát.*

Kai dasa kúkar khánsí bamújib qáidah ke wáqah hotí hai ek shakhs ko?

Bayán karo əlámaten kúkar khánsí kí?

Kyá ıljá karná cháhiye?

Jab ki kúkar khánsí ke sáth sozish ıruq khishnah yá sozish phephráh bhí ho to kyá karen?

### PHTHISIS PULMONALIS; YANE BÍMÁRÍ-SIL.

Alámaten.—Árzah sil aksar shurú hotá hai sáth ek khafif khushk khánsí ke jo ki sháyad mahínöñ yá barson rahtí hai. Base waqt yih khánsí ibtidá hí se shiddat kí hotí hai aur uske sáth ikehráj balgham hotá hai yá mukhtalif auqát men maríz khún thúkne lagtá hai, aur yih pahlí əlámát is marz kí hotí hai. Maríz shikáyat niháyat zauf o natawání kí kartá hai. Halkí halkí sí koshish miel ek pahaṛ par chalne yá zínah par charne se uská dam jald chalne lagtá hai aur nabz nisbat aslí hálat ke niháyat jald aur tezrau ho játí hai. Batadríj khánsí aur ikehráj ziyádah hota játá hai, aur tap-i-diq zahúr kartí hai. Do exacerbation chaubís ghanṭe ke arse men aksar wáqá hote hain, pahlá qaríb dopahar din charhe ke aur dúrá qaríb páñch yá chhah ghanṭe baje shám ke, aur uske sáth malúm honá sardí ká qaríb ek ghanṭe ká malúm hotá hai, bád azán jild badan kí garam aur nabz tezrau ho játí hai, maríz piyás aur beqarárí aur beárámí kí shikáyat kartá hai, bád páñch chhah ghanṭe ke pasíne chhuṭtá hai. Is hálat men uske jism ká gosht bahut jald kam hotá játá hai, aur siyádatar nátawán ho játá hai is mauqā par iṣhál, shurú ho játá hai, rukhsáron men gaṛhe par játe hain, aur unkí wast men ek gol dhabbah tábindah surkh rang ká numayán hotá hai, jo ki yaqíní əlámát tap-i-diq kí hai.

*Treatment*—This disease when once thoroughly established in a scrophulous patient is incurable, though you may afford very great relief by palliating the symptoms as they arise, and thus prolong life perhaps for many years. The patient should compose his mind as much as possible, and be kept free from all excitement; his diet should be light and nourishing; his clothing warm and light, he should never fatigue himself, he should live in a steady climate, as bad and changeable weather would injure him; he should attend to the state of his bowels, and never allow them to become costive. Small general and local bleedings should occasionally be resorted to for the purpose of relieving the pain in the lungs. Should there be much purging, and the stools watery, dark coloured and fetid, an uneasiness felt in the abdomen, a few leeches should be applied, followed up by the tartar emetic ointment.

#### *Questions.*

What are the usual symptoms of phthisis pulmonalis ?

Is the disease curable in a scrophulous patient ?

What treatment should you adopt ?

#### **PLEURITIS ; PLEURISY.**

*Symptoms*.—There is fever, with an acute sharp stabbing pain in the chest, with immobility of the ribs over the affected part, respiration painful, frequent and hurried, quick during inspiration, and slow in expiration; the patient lies on the affected side or on his back; the affected side is often enlarged. Pleurisy may be distinguished from rheumatism of the muscles of the chest in the following manner; in the latter, the least touch causes pain and soreness, which it does not in pleurisy; in acute rheumatism, there is profuse sweating, such as there is not in pleurisy, but there is not in rheumatism that general disturbance of the constitution that there is in pleurisy. The pain in pleurisy is only felt at the lowest part of the chest, not in front or at the back, but to the side. . . .

*Maáljah.*—Yih bímári jabki ek scrophulous maríz men bikkul jagah pakar játí hai to lájláj hotí hai, agarchi bazariah kam karne ásár alámaton ke jo ki paidá hote hain maríz ko bahut ifáqat rah-saktí hai aur istarah se sháyad chand baras jí saktá hai. Maríz ko cháhiye ki apne dil ko hattul imkán bahut taskín dewe aur tamám tashwíshat se ázad rakkhá jáwe, aur ghizá subuk aur quwwat dahindeh aur poshák sabuk aur garam, aur cháhiye ki apne taín kabhí na thakáwe, aur haraj-o-marj ná kare, aur aise muqám men rahe jahán ki mausam ek hálat par rahtá ho kyunki burá aur badalne wáli mausam use nuqsán degá aur hálat rodon par tawajjah rakkhe aur kabhí unhen munqabiz ná hone dewe. Kabhí kabhí mauqá se tanqiah ám aur khás bhí filjumlah khún lene se wáste taskín dene dard phephre ke kiyá jáwe. Agar maríz ko bahut dast áte hon aur baráz raqíq pání sá átá ho aur siyáh rang aur mutáffin hon aur shikm men beárámí málum hotí ho to chand jonkeñ lagání cháhiyen, aur uske bád marham tartar emetic ká istamál kiyá jáwe.

### Sawálát.

Kyá hai khásiyat us bímári kí jo ki sil kahlatí hai?

Jabki yih bímári scrophula men wáqá howe to qábil iláj hai yá nahín?

Kyá maáljah iktiyár karná cháhiye?

### PLEURITIS; YANE ZÁT-UL-JAMB.

*Alámaṇi.*—Is bímári men tap hotí hai, aur síne men dard shadíd misl súl ke rabtá hai, aur jis taraf dard hotá hai us taraf kí pasliyáu harkat nahín kartín, dam lene sedard hotá hai aur dam jald átá hai is tarah par ki barwaqt tez dam lene ke aur áhistah dam chhoरne men maríz us pahlú se paṛá rahtá hai jis taraf dard hotá hai yá chit, aur pahlú jis men dard hotá hai aksar daráz ho játá hai. Is marz men aur us dard ríhí men joki chhátí ke pat̄hon men hotá hai is taur par shanákhṭ ho saktí hai ki pichhlí bímári men zará háth lagáná bhí bájs dard aursúl ká hotá hai jo ki zát-ul-jamb men nahín hotá aur shadíd dard ríhí men is qadar ziyádatí se pasíná átá hai ki zát-ul-jamb men nahín átá lekin dard ríhí men wuh ám takalluṭ jism ká nahín hotá joki zát-ul-jamb men hotá hai. Árzah zát-ul-jamb men sirf níche sínah ke dard málum hotá hai aur áge yá pusht men nahín hotá, balki pahlú men hotá hai.

*Treatment.*—Bleeding, both general and local, the extent of which must be regulated by the violence of the fever, and of the pleuritic pain, then salivate as quickly as possible, and after a time apply blisters, or counter-irritation, using the tartar emetic ointment freely over the part affected; regulate the bowels with laxatives and administer diuretics, and keep the patient on very low diet for a considerable time. If the effusion is of long standing, the diuretics may be combined with bitters; the following mixture will answer the purpose.

Take of compound infusion of gentian, one ounce.

Tincture of bark, two drachms.

Tincture of cantharides, ten minimis.

Acetate of potash, ten grains.

This draught to be given two or three times a day. The patient must carefully avoid exposing himself to fresh cold, and avoid all violent exercise.

#### *Questions.*

What are the symptoms of pleurisy ?

How may pleurisy be distinguished from acute rheumatism of the muscles of the chest ?

What treatment should you adopt in pleurisy ?

#### PNEUMONIA; INFLAMMATION OF THE LUNGS.

*Symptoms.*—There is fever, difficulty of breathing, cough and a sense of weight and pain in the chest, particularly in a recumbent position, or when lying on the side affected, accompanied with great anxiety and thirst. At the commencement of the disease, the pulse is full, strong, hard, and frequent, but in a more advanced stage, it is commonly weak, soft, and irregular. At first the cough is frequently dry and without expectoration, but in some cases it is moist, even from the first, and the matter spit up is various both in colour and consistence, and is often streaked with blood. If relief is not afforded in time, and the inflammation proceeds with such violence, as to endanger suffocation, the vessels of the neck will become turgid and swollen, the face will turn purple, an effusion of blood will take place into the cellular substance of the lungs, and the patient will be suffocated. Some-

*Mađliah*.—Taqqiah ém yá khás khún ká munásib hai sur miqdár uskí bamújib sakhtí bukhár aur dard ke ho, bäd is ke jis qadar jald mumkin ho maríz ká muñh láná cháhiye aur bäd thore arse ke blister yá counter-irritation kám men láwen, marham tártar emetic ko muqám-i-dard par malen aur rodon ko sáth adwiyah muláyan ke tartíb den, aur adwiyah mudir ká bhí istamál kareñ, aur maríz ko muddat tak bahut thorí ghizá par rakkhen. Agar effusion muddat se ho to adwiyah mudir ho saktí hain shamil kí gaísáth adwiyah talkh ke, aur mixture yane majmuä marqúmat-uz-zail bahut mufid hogá.

Compound infusion of gentian, ek ounce.

Tincture of bark, do drachm.

Tincture of cantharides, das minim.

Acetate of potash, das grain.

Yih nuskhá diyá jáwe do yá tín dafá ek din men. Maríz ko cháhiye ki apne tañ baahiyát tamám sardí se bacháwe aur har qism ki sakht riyázat se ahtaráz kare.

### Sawálát.

Kyá alámateñ zát-ul-jamb kí hotí hai?

Kyunkar zát-ul-jamb shanákht kiyá játá hai dard ríhí ke sínah ke patthón se?

Kyá iláj zát-ul-jamb men karná cháhiye?

### PNEUMONIA ; YANE SOZISH PHEPRAII.

*Alámateñ*.—Is marz men tap aur diqqat tanaffus aur khápsí aur malum honá bojh ká aur dard ká sínah men, khasúsan jhukne men, yá pare rahne men pahlú se dard hotá hai, aur uske sáth niháyat tashwísh-i-kháti aur piyás hotí hai.

Is bímrí ke ágház men nabz mumtalí aur qawwí aur sakht aur sarí hotí hai, lekin darsúrat ziyádah bárh jáne marz ke wuh aksar zaíf aur muláyyam aur beqáidah hotí hai. Ibtidá men khápsí aksar khushk aur baghair balgham ke hotí hai, lekin bazí hálaton men ibtidáhí se tar yane ratúbatdár hotí hai, aur balgham jo nikaltá hai wuh muqhtalif hotá hai rang aur ghilázat men, aur aksar auqát us men khún ke dhabbe hote hain. Agar bar waqt naubat ke tadáruk nahín kyá jáwe to sozish sáth aisí sakhtí ke báre ki jisse khauf galá band ho jáne ká ho, ragen gardan ki ámásids' aur sújí huí ho játin hain, chéhráh arghwání aur surkh' ho

times notwithstanding every attention having been paid to the disease, it will run on to suppuration, which event may be known by frequent slight shiverings, with an abatement of the pain, and a sense of fulness in the part, and by the patient being able to lie on the side affected, without great uneasiness. This disease proves fatal generally by suffocation, which usually happens between the third and seventh day, or else it may terminate fatally by suppuration or gangrene.

**Treatment.**—Begin by large and copious bleeding from the arm, to the extent of twenty-four or thirty-six ounces of blood, which may be extracted twice or thrice in the twenty-four hours, due consideration being had to the severity of the attack, the constitution and age of the patient. It is often advisable to apply leeches or cupping over the part, a few hours after the first bleeding, more especially if there is any appearance of pleurisy. Tartar emetic should then be given to such an extent, as to keep up a strong feeling of nausea, not vomiting; calomel may also be combined with the antimony. The antiphlogistic regimen is strictly to be adhered to; when the active inflammation is reduced, large blisters or the tartar emetic ointment may be applied with very great advantage. To quiet the cough, demulcents may be given. Inhaling steam will assist in bringing about expectoration, and nauseating doses of squills will relieve the patient from the viscid matter collected in the wind-pipe. When the complaint declines, and there is a copious expectoration, tonic medicines with nutritious diet become necessary to support the strength, and the same means will be proper should it go on to suppuration. Should any organic changes have taken place, such as hepatization or ulceration of the lungs, great caution is required to prevent the patient falling into a consumption.

#### *Questions.*

What are the symptoms of pneumonia ?

hai, aur "cellular substance" men pheprah ke, khún utar átā hai, aur maríz ká galá għut játá hai. Baze waqt báwajúd iske tawajjah tamġim mabzúl huí hai bimári mazkúr par, lekin is par bhí pheprah pak játá hai, aur pakáo daryáft ho saktá hai in bátop se kí maríz ko aksar ķafis phureriyáñ áti hain aur dard kabhi kam ho játá hai, aur muqám mazkúr men púrī malúm detí hai, aur maríz us pahlú se jis mey ķhalish hotá hai, bagħair malúm karne ziyádah bechaini ke let saktá hai. Aksar auqát maríz is marz men galá band ho kar martá hai, aur yih bát amúman tisre din se sátwen din tak wáqa hotí hai, yá ikhtatám is bimári ká yun hotá hai ki kalcjah pak játá hai yá saj játá hai jisse maríz jánbar nahín ho saktá.

*Mađljaḥ*.—Ibtidá men bazariah fasd bazú ke khún ziyádati se bamiqdár chaubis yá chhattis ounce ke lewen, aur yih miqdár khún kí chaubis għanṭe ke ərse men do yá tinh dafa nikálen, magar sakħti marz aur jusha, aur umr maríz ká kħiyál rahe. Aksar yih bhí munásib hai kí joŋken aur pachhne lagáe jáwen muqám marz par, chand għanṭe bäd pahle fasd ke, kħasus agar ko ġalámat ārzah zát-ul-jamb kí záhir ho. Bäd is ke tārtar emetic aise ek miqdár se diyá jáwe jisse ki ghisyén bashiddat malúm ho aur qai na áwe, aur calomel bhí bashumul antimony yane surmah ke diyá ja saktá hai. Parhez o ghizá aisi cháhiye ki harárat għarízí ko għata de, aur jab ki sozish shadid kam ho gaí hai baże blister yá tārtar emetic marham ke lagáne se bahut bażá fáidah ho saktá hai. Wáste dabáne khánsi ke muláyyam karnewálí adwiyat dí ja sakti hain. Balgham ke nikálne men madad karegá aur ghisyén karnewálí tabriden squills kí maríz ko taskin dengi, us luäbdár mawad se jo ki hinjrah men jama ho gayá hai. Jab ki marz għat jáwe aur balgham kí kasrat ho to adwiyah aur ghizai muqawwí wáste sambħalne tāqat ke zarür hain, aur agar pheprah pak gayá hai to bhí yihhí tadbír munásib hogi. Agar azzári raísah men kuchh tabdiliap waqża huí hain misl kħalal-i-jigar yá zaķhm par jáne ke pheprap men to bari iħtiyát zarür hai ki maríz ko ġaż-zaħra-sil ná ho jáwe.

### Sawálát.

Kyá alámateñ ārzah sozish pheprah kí hotí hain?

"At the commencement of the disease, what treatment should you adopt ?

When the active stage of the disease is over, what should you do ?

### RUBEOLA ; MEASLES.

*Symptoms.*—Measles commence with languor, shivering, heat of skin, and thirst ; as the disease advances, there is a dry hoarse cough, often much resembling that of croup : frequent sneezing, suffused and watery eyes, swollen and feverish face ; alternations of heat and cold, quick pulse, great thirst, and scanty secretion of urine, with a hot and dry skin. There is occasional vomiting or purging, but sometimes constipation. Sometimes in severe cases there is delirium, and even inflammation of the lungs ; there is usually towards evening an exacerbation of all the febrile conditions. All these symptoms continue for three or four days or even eight days, when an eruption begins to appear in the form of round red dots, showing first on the forehead and face, and subsequently upon the body and limbs. On the fifth day the whole surface of the body is usually covered with the eruption, which begins to decline on the face on the sixth day, and has usually disappeared altogether upon the tenth day from the commencement of the fever, or the sixth day from its own first appearance. The eruption extends to the mucous membrane ; slightly elevated spots may be seen in the mouth and throat about the fourth or fifth day. In favorable cases, the violence of the fever abates as soon as the eruption appears.

*Treatment.*—Be very careful not to expose the child to cold or damp, keep it moderately warm, and in a darkened room owing to the pain in the eyes ; give it mild mucilaginous drinks, as linseed tea, barley or rice water, &c. The face, arms, hands, and chest should be lightly sponged with warm vinegar and water ; mild diaphoretics and gentle aperients are useful. Attend carefully to the state of the head and chest ; if any symptoms of an attack in the head, as headache, intolerance of light, or convulsions appear, apply a few leeches to the temples or behind the ears, and place the child in a warm hip bath for five or ten minutes ; if the chest is affected,

**Shurú marz kyá ıláj karen?**

Jab ki shadíd darje bímári mazkúr ká mauqúf ho gayá ho to kyá karen?

### RUBEOLA; YĀNE SURKHABÁD.

Alámaten.—Yih marz shurú hotá hai sáth sustí aur larzab aur harárat-i-jild aur piyás ke; aur jiun jiun bímári mazkúr baṛhtí hai to ḫushk khánsí galá pakāṇewálí áwáz ke sáth hotí hai, misl us áwáz ke jo ki ḫrzalí croup meñ nikaltí hai, aur aksar chhíṇkoṇ ká áná, aur surkh aur tar rahná áṅkhoṇ ká, aur sújá huá aur tap ká sá chehra honá, aur kabhlí garmí, aur kabhlí sarlí malum honí, aur tezí nabz, aur shiddat tishnagí, aur kam paidá honá pesháb ká, aur garam aur ḫushk rahná jild ká, alámaten uskí hain. Is bímári meñ kabhlí kabhlí qai aur dast bhí áte hain, lekin baze waqt qabz rahtá hai. Baze auqát sakht hálatoṇ bímári mazkúr meñ hizyán aur bhí sozish pheproṇ ká hotá hai. Aksar shám ke waqt taraqqí tamám alámaṭoṇ bukhár kí hotí hai. Yih tamám alámaṭen tíñ yá chár din tak rahtí hain, yá áṭh din tak bhí; is ke bád dána gol surkh rang ke pahle peshání aur chehra par, aur bádhú jism, aur azá par numáyáñ hote hain. Pánchwen din tamám satah jism ká aksar dánóñ se chhip játá hai, aur chhaṭe diu chehré ke dánóñ meñ taḳhfíf hone lagtí hai, aur aksar bilkul daswen diu ágház tap se yá chhaṭe diu apne awwal roz nikalne se gháyab ho játé hain. Yih dáne phailte hain mucus membrane tak aur ḫafíf ubhre hue dhabbé dekhe já sakte hain muñh aur gale meñ qaríb chauthé yá pánchwen din ke. Darsúrat islah pazír hone marz ke shiddat tap kí bafaur zahúr danon ke kam ho játí hai.

Maḍljah.—Is bát kí bahut altiyát rakkhen ki bachchá sard yá tar jagah na rahe, aur usko baṭtidál garam aur túrik makán meñ basbab dard áṅkhoṇ ke rakkhen, aur ḫafíf luğbdár ashrúbab, misl linseed tea, yāne áb-i-tuḥm katán, aur ash-i-jau, yá cháwal kí pích, waghairah dewen. Chehra aur bázú aur háth aur sínah áhistah áhistah bazariah sponge ke garam sirká aur garam páni se tar kiye jáwen. ḫafíf pasína lánewálí aur halkí mulayyan adwiyah fáidah-mand hain. Sir aur sínah kí hálat par baihiyát tamám tawajjah rakhní cháhiye; agar alámaten khalal dimágh kí misl dard sir yá baráshṭ na hone roshní ke, yá tashannuj ke záhir hon to chand jon-

you should bleed from the arm if the strength of the child will admit of it, if not apply a few leeches to the chest or the back of the foot, and adopt the usual treatment for subduing such like inflammation. Should severe purging come on at the decline of the disease, it may be removed by alterative aperients if the stools be foul, or by astringents if the evacuations are watery, and abdomen drawn in and empty. Should debility be present, wine and stimulants will be required, but they must be administered with the greatest caution.

*Questions.*

What are the usual symptoms of rubcola?

What treatment should you adopt?

If the head or chest become affected, what should you do?

**RHEUMATISMUS ; RHEUMATISM.**

This disease may be either acute or chronic.

*Symptoms of acute Rheumatism.*—There are rigors, with a general feeling of numbness, aching and pain; fever; skin pungent and hot; pulse quick, full, hard, and bounding; pain increases with the fever, and is generally of a gnawing character; parts become red, swollen, and tender to the touch: the pain aggravated by motion, tongue white, urine high colored, and deposits a red brick-dust sediment; skin sometimes bathed in a clammy sweat: this disease is generally caused by exposure to cold and moisture.

*Treatment of acute Rheumatism.*—If the patient be plethoric and robust, and the disease be seen early, you should take some blood from the arm, the quantity to be determined by the effect produced. Should general bleeding be contra-indicated, local bleeding by cupping or leeches may be employed. Then give the tartar emetic in small and frequent doses to keep up nausea. Afterwards you may give the wine of colchicum with tincture of henbane, but as soon as it purges, you must give it up. Laxatives should be

kəy kənpatiyon yá pichhe kánon ke lagáwen, aur laṛke ko kúlah tak garam pání men páñch yá das minute tak rakkhen; agar sínah men khálal paidá ho to bázú se khún lewen, bašharteki quwwat laṛke kf uskí muthammil ho, aur agar táqat kam ho to chand jónken sínah yá pusht-i-pá par lagáwen, aur i᷍htiyár karen iláj māmúlí jo ki wáste rafá karne is qism kí sozish ke mufid hai. Agar barwaqt ghaṭne bímári ke dast bashiddat áne lagen to daſiáh uská hazariah aisi adwiyah ke jo ki alterative yáne tartíb kunandah jism aur mulayyan hain, karen, bašharteki dast mutafin hon, aur darsúrateki dast raqiq áte hon aur shikam khálí ho to adwiyah astringent yáne qábiz den. Agar maríz ko zauf ho to sharáb-i-angúr aur adwiyah stimulant yáne mutharrík kí zarúrat hogí, lekin unke istamál men niháyat hoshýári ámal men áwe.

### Sawálát.

Kyá hain alámaten árzah rubcola kí?

Kyá ma᷍ljah i᷍htiyár karná cháhiye?

Agar sir yá sínah men khálal ho to kyá karen?

### RHEUMATISMUS; YÁNE WAJÀ MUFÁSIL.

Yih bímári ho saktí hai shadíd yá kohnah.

*Alámateṇ shadíd waja muſásil kí.*—Is bímári men málum honá khunkí ká tamám jism men, aur dard, aur bukhár, aur tezí aur harárat jild kí, aur tundí, aur imtalá, aur sakhtí, aur jahindgí nabz kí hotí hai, aur tap ke sáth dard ziyádah ho játá hai, aur is qism ká hotá hai jaise koí muqám dard ko chubátá hai, aur muqámát dard surkh aur ámásida ho játé hain, aur háth lagáne se un men dard hotá hai, aur harkat karne se dard ziyádah hotá hai, zabán sufed aur pesháb niháyat rangín, aur us men surkh fínt kf khák sí jamtí hai, post jism báze auqat ek chipchipe pasíne men tar ho játá hai; yih bímári amúman paidá hotí hai sardí aur ratúbat men rahne se.

*Ma᷍ljah wajà muſásil shadíd ká.*—Agar maríz damví mízaj aur táqatdár ho aur bímári ibtidáhí men dekhí jáwe to cháhiye ki thorásá khún bázú se lewen magar miqdár khún kí muqarrarí ho, us asar kf jo wuh paidá kare; agar fasd námunásib ho to tanqiyah khás pachhnon yá jónkon se ámal men ásaktá hai. Bad uske tártaremetie bích chhotí aur aksar mautádon ke wáste qáyam, rakhne málísh-i-dil ke den. Bad azán wine colchicum sáth tincture henbane ke de sakte hain, lekin jis waqt usse dast áwen to mauquf karden.

given, so as to keep the bowels moderately open. Calomel and opium pushed so far, as to make the mouth tender, has been given with great benefit in obstinate cases. After the acute inflammation has been quite subdued, a full dose of opium may be given at bed-time to procure sleep. As the pleura and pericardium are very apt to be affected in this disease, their state should be very carefully watched.

*Symptoms of chronic Rheumatism.*—The symptoms are the same as in the acute form, only of a less violent character. This affection is not confined to the joints, but may attack the muscles of the back, it is then called lumbago; when it attacks the sciatic nerve, or the muscles passing from the trunk to the lower extremities, it is called sciatica.

*Treatment of chronic Rheumatism.*—Should there be fever, give the tartar emetic as in the acute stage, as also the colchicum : the warm bath and vapor bath will afford great relief, together with rubefacients, blisters or counter-irritation with the tartar emetic ointment. When the parts are colder than they should be, acupuncture has afforded great relief. The needle should only be inserted into fleshy parts, in general from two to six sharp pointed needles are used at once, and are pushed into the affected part to the depth of from  $\frac{1}{2}$  to  $1\frac{1}{2}$  inches, and left in for a couple of hours. The ammoniated tincture of guiacum is an excellent internal stimulant, commencing with half drachm doses, and increased gradually until the patient feels himself warmed with the remedy. When rheumatism assumes the intermittent form, you may give the quinine, or the arsenical solution, paying great attention to the action of the latter medicines; the bowels should be kept regular.

Rheumatism may be distinguished from gout thus: rheumatism may come on at any time, gout generally at bed time; rheumatism arises from some obvious cause, such as cold and damp, not so gout; rheumatism affects the larger joints, and the pain is generally gnawing and numb, whereas in gout, the pain is burning, pungent and lancinating.

**Adwiyah mulayyan dení cháhiyen** is tarah j̄ar ki rodeh baatidál khule rahen. Is qadar calomel aur opium ká dená jisse munh á jáwe bahut mufsid huá hai jab ki marz kisí aur tarah nahín játá hai. Bād mauqúf-i-sozish ke ek púrī mautád opium kí sote waqt dení cháhiye taki nínd á jáwe. Chúnki is marz men pleura yane ghashaurriyá, aur pericardium yane hijáb-ul-qalb men blíaksar khalal ho játá hai, to un ke hál ká baihtiyát tamám nigrán rahná cháhiye.

**Alámateq waja muſásil kohnah ki.**—Is kí alámaten bhí misl alámaton waja muſásil shadíd kí hain, magar shiddat men kamí hotí hai. Yih bímári sirf jorónhí par nahín hotí, balki pusht ke puṭṭhon par bhí dákhal kartí hai, aur is súrat men usko lumbago yane dard kamar kahte hain; jab ki dákhal is marz ká sciatic rag par, yá un puṭṭhon par jo ki dhaṛ se pánw kí taraf utarte hain hotá hai, to wuh sciatiká kahláyá játá hai.

**Maḍjäh waja muſásil kohnah ká.**—Darsúrat hone bukhár ke tárta emetic dewen jaise ki darjah shadíd men dete hain, aur bhí colchicum aur garam pání men baitháná aur bhapárá dená m̄ istamál rubefacient, yane jild surkh karnewálí marham yá blister yá couunter-irritation bazariah marham tárta emetic ke bahut mufid hogá. Jab ki azái māmúlí se ziyádah sard hain to pachhnón se bahut fáidah hogá. Suí chuboní cháhiye ajzáí luhmí men. Aksar auqát do se chha tez nok kí suíyon tak ek dasa chubói játí hain, aur muqám-i-marz men ádhí inch se derh inch tak utári játí hain, aur do ghanṭe tak nahín nikálí játin. Ammoniated tincture of guiacum niháyat ȳmdah stimulant yane mutharrik kháne kí dawá hai, jo ki shurú kí jáwe sáth nisf dráchm mautádop ke, aur batadríj ziyádah kí jáwe jab tak ki mariz kc badan men garmí á jáwe. Jab ki yih árzah súrat naubat kí pakre to quinine yá solution arsenic yane sankhyá dewen, magar bahut tawajjah masrúf ho pichhlí dawá ke ámal par; aur rodon kí tartib karte rahen.

Tamíz darmiyán waja muſásil aur niqras ke istarah par hotí hai ki waja muſásil áyad ho saktá hai harek waqt, aur árzah niqras ámúman sote men. Árzah waja muſásil paidá hotá hai baze záhir sabab se, misl sardí aur ratúbat ke, aur árzah niqras is sabab se nahín hotá. Waja muſásil aksar asar kartá hai ziyádah bare bandon par, aur dard istarah ká hotá hai ki goyá koí muqám ko chubátá hai barkhiláf iske árzah niqras men dard sozindah aur

*Questions.*

**How many forms of rheumatism are there?**

**What are the symptoms of the acute form?**

**What is generally the cause of rheumatism?**

**What treatment should you adopt in the acute stage?**

**What are the symptoms of the chronic form?**

**What treatment should you adopt in the chronic form?**

**How would you distinguish rheumatism from gout?**

**SCARLATINA ; SCARLET FEVER.**

This is an eruptive fever, of which there are two kinds, the simple and malignant.

*Symptoms of the simple form.*—There are the ordinary symptoms of fever, viz., lassitude, shivering succeeded by heat, thirst, quick pulse, and occasionally nausea, headache and perhaps delirium. About the second or fourth day, the eruption is at its height, and then appears in the form of a continuous bright redness on the extremities, and of large irregular patches upon the trunk of the body. The redness is paler in the morning, and is brightest towards evening, the eruption may also be seen upon the inside of the mouth and throat, which assumes a bright scarlet color. The throat is generally sore, the tongue if clean, is also scarlet, but if foul, the red papillæ may be seen through the coating of fur on it. On the fifth day the eruption usually begins to decline, and in a day or two afterwards, disappears altogether, at which time the cuticle on the whole of the body generally peels off. Scarlatina may be distinguished from measles or roseola thus; from the latter, by its regular and longer duration, and by the sore throat and eruption in the mouth; from the former, by the period of the appearance of the rash.

*Treatment of simple scarlatina.*—The patient should be confined to his bed, his room kept cool and well ventilated, cooling drinks

tez aur sul márnewálá hotá hai.

*Sawáldát.*

Árzah waja mufásil men kitne aqsám hote hain?

Kyá hain alámateñ qism shadíd kí?

Kyá hain amúman sabab árzah waja mufásil ke?

Kyá iláj iķhtiyár karná cháhiye darje shadíd men bímári mazkúr ke?

Kyá hain alámateñ qism kohnah kí?

Kyá iláj karná cháhiye qism kohnah bímári mazkúr men?

Kyunkar tamíz ho saktí hai árzah niqras aur waja mufásil men?

**SCARLATINA.**

Yih hai ek nikalná dánon ká jiskí do qismen hotí hain, sádah aur malignant.

*Alámateñ sádah scarlet fever kí.*—Is men mämúlí alámateñ tap kí hotí hain, yane sustí aur laizah aur bäd iske garmí, aur piyás, aur tundí nabz aur kabhlí málisch-i-dil, aur dard sir, aur sháyat hizyán bhí hotá hai. Qaríb do yá chár din ke is marz men dáne bashakl surkh dhabboñ ke nikalte hain, awwal chehráh aur gardan par jo ki jald ápas men miljáte hain aur phail játe hain tamám jism aur háth pánw par. Tísre yá chauthe din yih dáne apne kamál par pahunchte hain, aur tab záhir hote hain basúrat ek qáyam tábindah surkhí ke háth pánw par, aur bare bare beqáidah dhabboñ ke tanah jism par. Yih surkhí subah ke waqt ziyádah zard, aur shám ke waqt niháyat tábindah hotí hai. Yih dáne andar muñh aur halq ke bhí númayán ho játe hain, jinke sabab rang tábindah aur surkh ho játá hai, halqum aksar majrúh hotá hai, zabán agar sáf hai to wuh bhí surkh hotí hai, lekin agar mailí hai to mail men se dáne dikhláí dete hain. Pánchwen din yih dáne aksar ghaṭne shurú hote hain, aur ek yá do din bäd bilkul gháyab ho játe hain, aur us waqt men tamám jism ke post se bhúsí jhar játí hai. Is árzah men aur árzah surkhbäd men is tarah tamíz ho saktí hai ki surkhbäd men dáne beqáidah aur derpá hote hain, aur dard gulú hotá hai, aur dáne muñh men nikal áte hain aur surkhbäd men ərsah nikalne dánon ká muaiyyan hotá hai.

*Maqájah scarlet fever sádah ká.*—Cháhiye ki maríz ko uske bistár se na uṭhne den, us ká kamrah sard aur hawádár ho aur ashrábah

given freely, and abstaining from animal food, and every thing likely to heat the body. A gentle emetic should be given to check the fever, and clear the throat of viscid mucus; this should be followed up by a purgative. The body should be sponged with cold or tepid water and vinegar. Should any particular organ be inflamed, you must of course bleed both locally and generally, so as to subdue that inflammation, but no more. If the patient should be old enough to use gargles, the best in ordinary cases, is barley or rice water, acidulated with vinegar. Inhaling the steam of boiling water and vinegar will afford great relief. When the skin is peeling off, the tepid bath will be found useful, and the greatest care should be taken at this time that the patient does not catch cold; the bowels should be kept relaxed, and the kidneys be acted upon by occasional doses of compound jalap. As the patient becomes convalescent, tonics, such as the mineral acids or quinine, should be given, with mild nutritious food and change of air.

*Symptoms of malignant scarlet fever.*—These are similar to those already described in the milder form of the disease, but which soon assumes a typhoid form. The pulse becomes very rapid and irregular, the heat of the surface of the body unequal, a low muttering delirium, with great restlessness, sets in. There is hoarseness, pain in swallowing, and swelling of the glands of the neck. As the disease proceeds, all the symptoms are aggravated, and the patient sinks into a state of stupor. The sloughs in the throat spread, and become dark colored and gangrenous; the disease extends to the nostrils, and an acrid discharge flows, which excoriates the lips and cheeks; finally the breathing becomes difficult, the tongue black and dry, and discharges of blood take place from the different passages, and the patient sinks generally from the third or fourth day, to the second or third week. Total insensibility or convulsions may precede death.

*Treatment of malignant scarlet fever.*—First of all, administer an emetic of tartarized antimony to adults, and ipecacuanha to children, following it up with some mild aperient. Should the breathing be difficult, a few leeches may be applied to the throat or

bárid bakasrat dí jáwen, aur goshtaur har ek chíz se jo ki jism men harárat paidá kare parhes karáwen. Ek khaffí dawá qai kí wáste rokne tap, sur sáf karne luábdár balgham halkonke dí jáwe, aur bád iske julláb diyá jáwe. Jism dhoná cháhiye sáth sard yánim garam pání aur sirke ke. Agar kisí khás uvwxyz par azái marz men se warm ho jáwe to tanqiyah khás aur ám khún ká karná zarúr hai is qadr ki wuh warm rafa ho jáwe, lekin ziyádah nahín. Agar maríz is qadr umat ká ho ki ghargharah kar sake to roz marrah kí hálaton men jau ká pání, yá cháwal kí pích, tursh kí gaí sáth sirke kí niháyat bihtar hai. Bhapárá lená ubalte hue pání aur sirke ká barí taskín degá. Jab ki post utartá játá hai, to ním garam pání men baijháná mufid páyá' jáwegá, aur us waqt men niháyat ihtiyyát malhúz rakhní cháhiye ki maríz ko sardí saráyat na kare aur rodah dhíle rakkhe jáwen aur kabhí kabhí mautádon compound jálap ke dene se gurdon ko harkat dewen. Jab ki maríz ko ifaqat hai to adwiyah muqawwí misl kání tezábon yá quinine ke dení cháhiyen sáth muláyam quwwat denewálí khurák aur tabaddul áb o hawá ke.

*Alámateñ malignant scarlet fever kí.*—Is kí alámaten bhí misl alámaton marqúmah bálá yáne alámaton qism khaffí o sádah árzah mazkúr ke hain, lekin yih jald súrat baqáidah pakartí hai. Nabz bahut tez aur beqáidah ho játí hai, aur harárat satah jism kí náhamwár aur ek khaffí hizyán sáth baří bechainí ke shurú ho játá hai. Is marz men giriftgí áwáz aur nígalne men dard hotá hai, ghudúd gardan ke phúl játé hain: jiun jiun yih bímári bařhtí játí hai tamám alámaten bhí ziyádah hotí játí hain, aur maríz par ghaflat aur behawásí tári ho játí hai. Chhichre gale men phail játé hain, aur siyáh rang ho kar sarh játé hain. Yih marz nathnon tak phail játá hai aur mawád talkh o shor jári hotá hai jo ki honþhon aur gálon ko chhíl dáltá hai. Anjámkár dam lená mushkil ho játá hai, zabán siyáh aur khushk ho játí hai, aur mukhtalif ráhon se khún jári hotá hai aur maríz aksar tísre yá chauthé din se dúsre yá tísre haste tak mar játá hai. Marne se pahle behoshí yá tashannuj hotá hai.

*Mađljah malignant scarlet fever ká.*—Sab se pahle muqai tártarized antimony jawán marízoñ ko aur ipecacuanha bachchon ko den, aur bád iske khaffí adwiyah mulayyan dí jáwen. Agar dam lene men diqqat malúm ho to chand jopken gale par lagáí jáwen, yá kánon

behind the ears, and if there be pain in the head and stupor, a few leeches to the temples might relieve the congestion. During the stage of excitement, the patient should be placed in a warm bath, strongly impregnated with salt, and afterwards the skin to be well rubbed with warm dry flannel, especially when irregular distribution of heat exists, when, in addition bottles of warm water, or heated bricks, should be applied to the cold extremities. When the stage of excitement has passed, nourishment, such as broth, must be given, and if collapse approaches, wine and other stimulants will be required. The throat should be gargled with the chlorides of soda or lime, in proportion of two ounces of the solution, to half a pint of water; if the patient cannot gargle, the sores in the throat may be washed with a sponge soaked in the gargle; it is not of any consequence if any of the fluid is swallowed; while sufficient mild nourishment is given, every thing heating or stimulating must be avoided, and the bowels kept open by gentle laxatives. Should dropsy ensue, it requires purgatives and leeches, being usually of an inflammatory character.

#### *Questions.*

What description of fever is scarlatina, and how many varieties of the disease are there?

Describe the symptoms of the simple form.

How would you distinguish scarlatina from measles or roseola?

What treatment should you adopt in the simple form of the disease?

What are the symptoms of the malignant form of the disease?

What treatment should you adopt in the malignant form of the disease?

#### **SPLENITIS; INFLAMMATION OF THE SPLEEN.**

Inflammation of the spleen may be either acute or chronic.

*Symptoms of the acute form.*—After a sensation of cold and partial rigor, there is a feeling of weight, fulness and pain in the left side extending to the left shoulder, increased on pressure and coughing; thirst, slight nausea, dry cough, with the usual symptoms of fever. Vomiting of blood, faintings, or pain on respiration are occasionally

ke píchhe, aur agar sir men dard aur behoshí ho to lagáná chand joñkon ká kanpañyon par injamád khún ko muñid hogá. Hálat darjah tugh yání marz men, maríz áb-i-garam men biñháyá jáwe jis men bahut namak dálá ho, aur bád iske post-i-badan bañhúbí poñchhá jáwe garam aur khushk flannel se, khasúsan jab ki beqáidah taqéim harárat kí maujúd ho aur bashamúl iske botalen garam pání kí, aur garam íñten thande háth páñw men lagái jáwen. Jabki darjah tahrík ká guzar gayá hai, ghízá misl shorba ke dení zarúr hai aur agar niháyat darjah ká zauf ho jáwe to sharáb angúr aur aur ad-wiyah mutharrik ká dená zarúr hai. Ghargharah sáth chlorides of soda yá chúne ke bamiqdár do ounce solution ke nisf botal pání men karná cháhiye, aur agar maríz għargħarah nahín karsaktá hai to jaráhat-i-halqúm ko ek sponge se áb-i-ghargħarah men tar karke dhowen, aur agar koñi qatra halq se utar jáwe to uská kuchh muzáiqá nahín, jabki káfí subuk ghizá milne lage to har ek shai garam yá mutharrik se parhez karen aur rodeh khule rakkhe jáwen halke julláboñ se. Agar árzah istasqá ho jáwe, to uske liye jonken aur julláb zarúr hai kyunki is mauqà par yih árzah aksar sozish se hotá hai.

### Sawálát.

Kis qism ke bukhár ko scarlatiná kahte hain, aur is bímári kí kitne aqsám hain?

Bayán karo alámaten qism sádah kí?

Kis tarah tum tamíz kar sakte ho darmiyán árzah surkhbád aur árzah measles yá roseolá ke?

Kyá iláj iķhtiyár karen qism sádah bímári mazkúr men?

Kyá hain alámaten qism malignant árzah mazkúr kí?

Kyá iláj qism malignant men karen?

### SPLENITIS; YĀNE SOZISH-I-TEHÁL.

Sozish-i-tehál ho saktí hai shadíd yá kohnah.

*Alámaten qism shadíd kí.*—Bád małum hone sardí aur juzwí sakh-tí ke báen pahlú men bojh aur imtalá aur dard małum hotá hai, aur wuh báen sháne tak phaittá hai, aur dabáne aur khápsí se ziýá-dah hotá hai, aur tishnagi aur gúnah málish-i-dil aur khuehk khápsí sáth aksar alámaton tap ke hotí hai. Istafrágh khún aur

observed. A natural crisis is often observed after haemorrhage from the nose or stomach, after a copious deposit from the urine, after the disappearance of the headache; when the hemorrhoidal or menstrual flux supervenes. In violent cases, which rapidly terminate in a general dissolution of the splenitic tissue, there is incessant vomiting, which is often attended by a discharge of clotted blood from the intestines and stomach. This disease generally arises from ague, or after the patient has been exposed to malaria. If after a certain period the inflammation does not subside, it assumes a chronic form.

*Treatment of acute splenitis.*—General bleeding must be promptly ordered, and be repeated as long as the inflammatory pain is considerable, and the strength of the patient permit. Moderate saline purgatives should be given from time to time, to keep up a gentle action on the bowels. Leeches should be plentifully applied over the seat of pain, followed up by blisters or counter-irritation. If the constitution has suffered from malaria, you should give quinine in moderate doses for a considerable time, and if possible order your patient change of air.

*Symptoms of chronic inflammation of the spleen.*—There is a sensation of weight and pressure in the left hypochondrium, accompanied with fulness and swelling in that situation; a dull uneasy pain, especially when turning in bed; indigestion, disturbed sleep, and unpleasant dreams; sometimes there is difficulty of breathing, with a dry cough; defective nutrition, a sallow complexion; the spleen sometimes attaining an enormous size, occupying nearly the whole abdomen, and its edges conveying to the hand, the feeling of ridges; this form of the disease is generally connected with a cachectic or scorbutic condition. There are wandering pains in the limbs, sometimes ending in collections of pus under the integuments of the arms, thighs, &c. In the latter periods of disease, the debility and emaciation become very great, hectic more or less comes on, attended with distressing diarrhoea. The disease commonly continues for months, and often for very many years with remissions.

*Treatment of chronic splenitis.*—This consists chiefly in the com-

ghashoṇ ká honá, yá bar waqt dam lene ke dard ká honá kabhf kabhf dekhá gayá hai. Bäd ~í khún ke nák se, yá medeh se, yá bäd baithne bahut durd kú pesháb men yá bäd mauqúf-i-dard sir ke tabaddul alámát wáqa hotá hai. Jab ki bawásírí, yá máhwári ijrái khún haiz ziyádah ho játá hai, sakht súraton men jin men tillí gal játí hai mutwátil qai átí hai, aur qai ke sáth khún munjamid medeh aur ántón se átá hai. Yih bímrí aksar paidá hotí hai tijárí se, yá bäd iske ki maríz malaria yané pání kí abkharahdár hawá men rahtá hai. Agar bäd ek khás waqt ke sozish kam nahín hotí to bímrí mazkúr súrat qism kohnah kí pakartí hai.

*Maṣljah qism shadíd tehál ká.*—Cháhiye ke fasd se tanqiyah ám ká fauran hukm diyá jáwe, aur jab tak amáo se dard ziyádah rahe aur quwwat maríz kí ijázat dewe to fasd lení mukarrir o mutwátil cháhiye. Maṭdil namkín julláb bhí kabhf kabhf dene cháhiyen taki khafif harkat rodon par rahe. Muqám-i-dard par joñken baksrat lagáí jáwen, aur bäd iske istamál blister aur counter-irritation ká kiyá jáwe. Agar jism maríz ne malaria se bahut nuqsán uṭhayá hai to cháhiye ki quiniuc maṭdil mautádon men bahut muddat tak den, aur agar mumkin ho to maríz ko wáste badalne áb-o-hawá ke saláh den.

*Alámaten qism kohnah sozish tehál kí.*—Is qism men ek bojh aur dabáo báin kokh men málum hotá hai aur uske sáth us muqám men purí aur sújan hotí hai, aur bechainí ke sáth míthá dard hotá hai khasús karwaṇ lene men, badhazmí aur badkhwábí wáqa hotí hai, aur bure khwáb dikhláí dete hai, baze waqt sáns diqqat se áta hai, aur khushk khánsí uske sáth hotí hai, aur ghizá baikhúbí táqat badan men nahín hone detí aur chehrá zard ho játá hai, aur tillí baze waqt niháyat bárh játí hai, aur tamám peṭkorok letí hai aur kináre tillí ke háth ko ubhre hue málum dete hai. Yih qism bímrí kí aksar iláqa rakhtí hai ek cachectic yá scorbutic hálat se. Azá men dauṛtá huá dard hotá rahtá hai, aur baze waqt bázuon aur zanuon waghairah ke post ke níche rím ho játí hai. In pichhlí auqát bímrí men nátauwání aur lágharí bashiddat ho játí hai aur tap-i-diq kam yá ziyádah mai aziyat dahindah ishál ke paidá hotí hai yih bímrí ámuman mahínay tak jári rahí hai aur aksar bahut barson tak magar kabhf kabhf darmiyáu men ifáqat bhí hásil hotí hai.

*Maṣljah sozish tehál qism kohnah ká.*—Iláj mushtamil hai ziyádetar bashamúl adwiyah mulayyan aur muqawwiaur taskin denewálí ka.

The following mixture is usually given with great benefit.

Powdered jalap,

Powdered rhubarb,

Powdered columba root,      ↴ of each one drachm.

Powdered ginger,

Powdered cream of tartar,      ↴

Sulphate of iron, ten grains.

Tincture of senna, four drachms.

Tincture of henbane, one drachm.

Spearmint water, ten ounces.

One ounce and a half of this mixture to be taken daily at six o'clock in the morning and to be repeated at eleven o'clock in the day; from three to six stools should be procured daily; the patient gains strength, and the disease is gradually removed, which, however, generally requires from three to six months to complete. Change of air is essentially necessary at the same time. If the spleen seems to suffer from relaxation, iodine should be given both internally and externally. In those cases where the spleen becomes softened, a blister should be laid occasionally on the precordia, and an effervescing draught given, containing a few drops of laudanum from time to time. Mercury in all its forms should be carefully avoided. In those cases attended with a cachectic or scorbutic state of body, the free exhibition of the vegetable acids are indicated, such as fresh lime juice, citric acid, or good vinegar.

#### *Questions.*

What are the usual symptoms of acute splenitis?

After what occurrences taking place, is a natural crisis often observed?

What are the usual symptoms of the spleen having become softened?

What treatment is recommended in the acute stage?

What are the usual symptoms of chronic splenitis?

In what should the treatment of chronic splenitis consist?

In cases complicated with cachexia or scurvy, what particular

Nusķhe-i-murakkib marqumat-uz-zail ke dene se aksar bahut fāidah huá hai.

Powdered jalap,

Powdered rhubarb,

Powdered columba root,

} Harek ek ek drachm.

Powdered ginger,

Powdered cream of tartar,

}

Sulphate of iron, das grain.

Tincture of senna, chár drachm.

Tincture of henbane, ek drachm.

Spearmint water, das ounce.

Derh ounce is nusķhe mixture ká har roz chha baje subah ke istamál men áwe, aur phir gyárah baje subah ke diyá jáwe. Tín se chha daston tak cháhiye ki har roz láe jáwen, isse maríz ko táqat hotí hai, aur bímári batadrij rafá ho játí hai, magar tím mahíne se chha mahíne ke arse tak amúman bilkul bímári rafá hotí hai, aur is asnáe men tābdil áb-o-hawá kí bhí niháyat zarír hai. Agar aisá malum ho ki tehál ko zauf o niháfat se ázár pahunchá hai to iodine khiláwen bhí, aur lagáwen bhí. Un hálaton men jahán ki tehál muláyam ho gaí hai kabhí kabhí ek blister rakhná cháhiye precordia par, aur effervesing mautád mushtamil chand qatraháe laudanum se kabhí kabhí dí jáwe. Tamám adwiyah sákhte símáb na dení cháhiye. Un hálaton men jinkesáth hálat jism kí cacheetic yá scorbutic hotí hai to bakhúbí dená nabatáti tezábon ká munásib mutsawwar huá hai, misl tázab araq limun aur citric acid yá achchhe sirke ke.

### *Sawálát.*

Kyá hain alámaten qism shadíd árzah sozish-i-tehál kí?

Bád kin wárdáton ke waqa hone ke yih khás bímári aksar dekhí gaí hai?

Kyá hain ám alámaten tehál ke muláyam ho jáne kí?

Kyá hain farzí bájs árzah sozish-i-tehál ke?

Kyá iláj tajwíz kiyá gayá hai hálat shadíd men?

Kin chízon se iláj qism kohnah árzah sozish-i-tehál ká mruš-tamil hai?

Jab ki tehál ázár páti hai zauf-o-naqáhat se, to kyá khás dawa tumhen dení chahíva?

## TONSILITIS VEL CYNANCHE TONSILARIS; INFLAMMATION OF THE TONSILS.

*Symptoms.*—If both tonsils are inflamed, on opening the patient's mouth, you will see two large red balls, one on each side of the throat, which may be felt also externally. There is very severe pain extending into the ear, particularly when any effort is made to swallow; sometimes one tonsil only is affected at a time, at other times the disease will shift from one to the other. The inflammation produces heat, swelling and hardness; there is fever, the pulse quick, the skin hot, redness of face, urgent thirst, and the tongue very foul. The disease may terminate in resolution or suppuration; the formation of pus in the tonsils is known by the pain of the acute stage becoming gradually more dull or obtuse, breathing and swallowing is more difficult, and by the peculiar sound of the voice; as the abscess increases in size, the patient is unable to speak. This disease is generally caused by exposure to the cold and wet, especially if the patient has lately been under the influence of mercury.

*Treatment.*—In severe cases, general bleeding is indicated, but in milder cases apply leeches to the throat, afterwards foment the part with hot water, and put on a large warm bread and water poultice to encourage the bleeding. After the leeches, if you find there is still some slight inflammation left, apply a blister, but never do this until you have first tried the effect of leeches, or that you see the patient is so very weak that he cannot stand the bleeding from the leeches. Puncturing the tonsils with a lancet has afforded considerable relief, and allows any matter there may be to flow out. You should then give a full purging dose of calomel, placing it dry on the tongue, and follow it up in four hours with castor oil. The inhalation of hot water is very agreeable to the patient, by relaxing the parts, as are also gargles composed of vinegar, honey, and rice or barley water. If the patient is weak, you must give nourishing food, as broths, jelly, &c., and sometimes allow a little wine. If the inflammation is active, it must be treated like any other inflammation; if passive, it requires only local astringents and stimulants, such as a gargle composed of a decoction of seneka root, with red pepper and brandy.

## TONSILITIS, YANE SOZISH-I-LAUZTAIN.

*Alámateñ*.—Agar donon lauztain men sozish howe to barwaqt kholne maríz ke munh ke ek ek barí golí surkh rang kí donon taraf halq ke dikhlaí detí hai. Dard shiddat se phailkar kán men hotá hai, khasús us súrat men ki kisí chíz ke nigelne ká qasd kiyá jáwe. Báz auqát sirf ekhlí lauztain men se sozish hotí hai, aur báz matabah ek se taraf dúsre kí intaqál kartí hai. Sozish men harárat aur amás aur salábat páí játí hai; bukhár rahtá hai, aur nabz tez aur jald chaltí huí, aur chehra surkh, aur tishnagí shadíd, aur Zubán bahut ghalíz hotí hai. Sozish yá to khul játí hai, yá pak játí hai; shanákht par jáne píb kí lauztain men istarah se ho saktí hai ki dard shadíd darjah badarjah khaſíf hotá játá hai, aur dam lená aur nigelna ziyádatar dushwár hotá hai, aur áwáz ek khas qism kí ho játí hai aur jiun jiun dumbul qad pakartá játá hai usí qadar maríz bolne se árí hotá játá hai, yih marz aksar basabab rahne ke sardí yá namí men hotá hai, khasús us súrat men ki pahle maríz ko párá milá ho.

*Mađlajh*.—Hálat-i-shiddat men tanqiyah ám khún ká munásib hai, lekin darsúrat khaſíf hone marz ke gale par joñken lagáwen, kyuñki aise mauqá par fasd se bihtar hotí hain. Bäd iske muqám mazkúr ko garam pání se senken, aur garam pání ká poultice úpar lagáwen taki khún jári rahe. Bäd joñkon ke, agar gúnah sozish báqí rahe, to blister lagáwen, lekin iski zarúrat nahín hai, qabal iske ki asar joñkon ká daryáft ho jáwe, yá us súrat men ki maríz ko táb joñkon kí howe. Basabab chírá dene ke lauztain men niháyat fáidah huá hai, kyuñki mawád nikal játá hai. Bäd chír ke dast sáth mautád calomel ke istarah par ki usko khushk Zubán par rakkhen, aur bádhú castor oil piláwen, karáwen. Píná garam pání ká maríz ko bahut munásib hogá, kyuñki muqám marz ko qhílákaregá, aur isí tarah se ghargharab banáye hue sirká aur shahad aur cháwal aur jau ke pání ká. Agar maríz zaíf ho, to ghizá-i-muqawwí, misl shorbá yá jelly waghairáh ke dewen, aur báz waqt qadre wine bhí piláwen. Agar sozish taraqqí par howe to us ká iláj mánind aur sozishon ke kiyá jáwe; aur agar thahrí huí ho to yih cháhiye ki muqám mezz par adwiyah qábiz aur mutharrik misl ghargharáh murattabah jusháydah seneká root, lál mirch, aur brandy ke.

***Questions.***

**What are the symptoms of tonsilitis ?**

**What causes may give rise to the disease ?**

**What treatment should you adopt ?**

**CYNANCHE TRACHEALIS; CROUP.**

This disease is peculiar to childhood, and those infants who have been early weaned appear more susceptible to it than others; this disease, however, has been occasionally, though very rarely, met with in adults.

**Symptoms.**—The disease generally commences during sleep, by a single, sharp ringing cough; the child then awakes, with a sharp and stridulous voice, the breathing audible, difficult and labored, and often accompanied during inspiration with a crowing sound: the face is swollen and red, the eyes suffused, pulse quick and hard: if old enough, the child complains that he is choaking, and asks for drink: if very young, he tosses about restlessly, and frequently grasps at his throat, as if anxious to remove some obstruction to respiration; if the disease is not cut short in its first stage, the respiration becomes more and more labored and wheezing, the debility of suffocation then sets in, the countenance pale, the lips livid, the eyes languid, the iris with less color than natural, the pupils dilated, the tongue loaded and with purple edges, thirst considerable, the skin much less hot and clammy, the extremities become cold, the stools dark and foetid, coma or convulsions set in, and the child dies between the third and fifth day.

**Treatment.**—On the first sound of the ringing cough, the child should have a drachm of ipecacuanha wine in a table spoonful of warm water every quarter of an hour until nausea is produced, which should be kept up for ten or twelve hours; at the same time, apply to the throat a flannel bag filled with hot salt, which causes a copious perspiration, and very often checks the disease at once. If fever and difficulty of breathing exists, blood should immediately be taken from the hand or arm, and if a sufficient supply

*Saválát.*

Kyá alámaten sozish-i-lauztain kí hotí hain ?

Kin báison se yih marz paidá hotá hai ?

Kyá iláj karná cháhiye ?

## CYNANCHE TRACHEALIS; YANE CRUP.

Yih marz kháskar bachpan men hotá hai, aur we atsfáj jinká dúdh jald chhuráyá játá hai nisbat auroñ ke ziyádatar mubtilá is marz ke hote hain ; yih marz kabhí jawánon ko bhí ho gayá hai, magar sház.

*Alámaten.*—Yih marz amúman sote men shurú hotá hai, sáth ek, aur tez aur khunakdár khánsí ke; bachchá us waqt jág ughtá hai, sáth ek tez past áwáz ke, aur áwáz chalne sáns kí sunáí detí hai, aur dam diqqat aur mushkil se átá hai, aur aksar dam lene men ek tez áwáz nikaltí hai, aur chehrá phúlá huá aur surkh hotá hai, aur ánkhen gulábí, nabz tez aur sakht hotá hai, aur agar bachcha bará hotá hai to galá ghuṭne ki shikáyat kartá hai, aur pání mangtá hai, aur agar kam san hotá hai to niháyat bechain aur muztir rahtá hai, aur bár bár apne gale ko pakartá hai, goyá wáste haṭáne rukáo ke jo ki mánah tanaffus hai, aur agar marz pahle hí darjah men dafá nahín kyá játá, to ámad-o-raft dam kí ziyádatar dushwár aur tahlíl karnewálí ho játí hai. Bäd is ke zauf aur ghuṭná gale ká shurú hotá hai, chehrá zard, aur honth níle, aur ánkhen pazmurdah hotí hain. Tabaí rang qaus qúzah ká phíkú ho játá hai, aur putliyán phail játí hain, zubán par mail hotá hai, aur kinárc us ke arghawání. Tishnagí bashiddat aur jild jism kí kam garam hotí hai, aur chipaktí hai. Háth pánw sard rahte hain, aur dast siyáh rang ke aur mutáfin áte hain. Aur ghaflat yá tashannuj shurú ho játá hai, aur bachcha tísre din se páñchwen din tak mar játá hai.

*Maáljah.*—Barwaqt awwal sunne áwáz khunakdár khánsí ke cháhiye ki bachcha ko ek drachm ipecacuanha wine ká chamche bhar garam pání men páo páo ghanṭe ke fáslah se dete rahen, táwaqteki málísh-i-dil paidá howe, aur málísh-i-dil ko das yá bárah ghanṭe tak qáyam rakhná cháhiye, aur isí arse men gale par párchah flannel ke garam namak se bharí huí thailí lagáwen, kyunki isse pasíná ifrát se átá hai, aur aksar marz ko dafá kar detá hai. Agar bukhár aur diqqat tanaffus maujúd ho to fauran

cannot be procured in this manner, then open the jugular vein : if the child is under two years of age, take from two to five ounces, if under eight years, take from three to eight ounces of blood, which will be about the proper quantity. The lower extremities of the child should be placed in a bath of the temperature of ninety-eight to hundred degrees, and two or three grains of calomel given every third hour ; the calomel ought to move the bowels after the second or third dose ; if it does not do so, a tea spoonful or two of castor oil should be given. If reaction takes place, a second bleeding must be had recourse to. By adopting these active measures, the respiration becomes less labored, the cough loose, and the fever abates. Should the disease have run into the second stage before assistance has been obtained, then recourse must be had to continued emetics : when vomiting has been produced, it must be repeated every two or three hours, as long as the strength will admit of it. A blister should be applied to the *chest*, and not to the throat. Calomel may be given in conjunction with the antimonials, to the extent of two or three grains every second or third hour. If the child is cold and sinking, wine, burnt brandy, or ammonia must be given, but these remedies are only to be employed when all others have failed. When the child becomes convalescent, great attention must be paid to its diet ; he should be carefully and sufficiently protected from the damp and cold easterly winds.

#### *Questions.*

At what age does the disease generally appear ?

What are the symptoms of croup ?

What treatment should you adopt, when the child is first attacked ?

When the second stage has set in, what should you do ?

#### VARIOLA; SMALL POX.

This disease is divided into two varieties, viz., the distinct and the confluent.

*Symptoms of the distinct variety.*—The pustules do not touch each other, and are comparatively few in number : there may be one, two, three or a dozen ; but if there be a larger quantity, they are

khún bázú yá háth se lewen, aur agar is tarah se khún káfi ná áwe to jugular vein yane rag habulwaríd kholen, aur agar bachcha do baras se kam umat ho to do se páñch ounce tak, aur agar áth baras se kam ho to tím se áth ounce tak khún lewen, kyunki yih munásib miqdár hai. Páñw bachche ke garm pání men jis men garmí áthánwéñ darjah se sau darjah tak howe, rakkhen, aur do yá tím grain calomel tísre ghanṭe dete rahan, do tím mautádon men cháhiye ki is dawá se dast áwen aur agar na áwen to bamiqdár ek yá do cháh ke chamche ke arandí ká tel piláwen. Aur agar reaction wáqa howe, to dobárah khún lená pur zarúr hai. Basabab in tadbíroñ ke diqqat-i-tanaffus men farq par játá hai, aur khánsí dhílí aur bukhár kam ho játá hai. Agar marz duare darjah par pahúñch jáwe qabalaz shurú hone iláj ke to adwyah muqáí mutwátil deñ, aur jab ki qai áná shurú ho jáwe, to do yá tím ghanṭe bád dete rahan, táwaqtcki ki táqat rahe. Blister chháti par lagáwen, magar gale par nahín. Calomel bashamul adwyah antimony ke bamiqdár do yá tím grain ke do yá tím ghanṭe bád dete rahan. Agar bachcha sard ho aur hál ghair hotá játá ho, to wine yá jalnewáli brandy yá ammonia dení cháhiye, magar in ilájon kí taraf us waqt rujú karen ki aur iláj mawassir na hue hon. Jab ki bachcha sihat hásil karne lage, to us kí ghizá men bahut ihtiyát cháhiye, aur usko namí aur purwá hawá se baikhúbí mahfúz rakkhen.

### Sawálát.

Kis umr men yih marz amúman láhaq hotá hai ?

Kyá alámateñ marz crup kí hotí haiñ ?

Jab ki awwal yih marz láhaq howe to kyá iláj karen ?

Agar bachcha ko bar waqt shurú hone dúsre darjah ke dekhen, to tab kyá iláj karen ?

### VARIOLA; YANE SÍTLÁ.

Yih bimári munqasim hai do qism men, yane mutáfawat, aur mujtama.

Alámateñ.—Qism mutáfawat kí yih haiñ. Áblah ek dúsre ke muttásil nahín hote, aur tajadád men bhí kam hote haiñ. Is qism kí bimári men barwaqt nikalne dénon ke bukhár kam ho játá hai.

detached. In this form of the disease the fever decreases when the eruption occurs, and when it is complete, the feverishness is nearly gone. The disease shows itself generally about fourteen days after infection, and the commencement of the fever is commonly well marked, being for the most part a sudden and severe rigor, followed by excessive heat, pain in the head and back, nausea, pain at the pit of the stomach, weakness and giddiness, with disposition to heavy sleep. In children, the first symptom is a convulsive fit; on the fourth day inclusive, or it may be forty-eight hours from the commencement of the fever, the second stage begins; an eruption of small, red, elevated pimples shows itself, first upon the face and neck, and subsequently on the rest of the body, being completely out, in a period, varying from twenty-four hours to two or three days. The eruption is not confined to the skin, being often extended to the mucous membrane of the mouth and throat, and sometimes to the "tunica conjunctiva" of the eye: the pimples grow larger and higher, their increase in size being attended with pain in the jaws, and general redness of the skin. In two or three days from their first appearance, they become vesicular, each vesicle containing a straw colored fluid, and depressed in the centre. From day to day, the redness and swelling of the skin increases, and is accompanied with pain, the face becomes swollen, so that the eyelids are usually closed; the hands and fingers also swell. The distinct cells in the vesicles gradually run together, and losing the central depression, they point and form pustules, filled with a thick yellowish matter. This process, called ripening, is completed about the eighth day from the commencement of the fever. The pustules are then about the size of a pea. On the eleventh day, the swelling and inflammation of the skin on the body and face decline, and the pustules on these parts dry up and form scabs, which fall off about the fourteenth or fifteenth day, leaving behind them a scar in some cases peculiar to this disease. The pustules on the hands remain a day or two after the others, and often break and leave troublesome sores.

*Treatment of distinct small pox.*—As soon as the disease shows itself, the patient should be confined to his room, which should be large, airy and darkened: warm diluents, such as tea, rice or bar-

aur jab ki dáne bïlkul nikal áte hain to bukhár baráenám rahtá hai. Qaríb chaudah din bäd asar marz ke yih bímári aksar apnë taín záhir kartí hai, aur ágház taphí se shanákht is marz kí hotí hai, kyunki wuh aksar yakáyak aur sakhtshiddat se hote hain, jis ke bäd ziýádatí harárat kí aur dard sir, aur dard pusht, aur málisch-idil, aur dard fam medeh, aur nátawání, aur daurán, aur khwáhish wáste gahrí nínd ke hotí hai. Bachchoñ men pahlí alámat is marz kí yih hotí hai ki unko tashannuj hotá hai; chauthé din yá sháyad ártálís ghanṭe bäd bhí shurú tap se dúsrá darjah shurú hotá hai; Dáne basúrat chhotí, surkh, ubhrí huí phunsiyon ke awwal chehra aur gardan par aur bäd azáu báqí jism par nikalte hain, aur chau-bís ghanṭe se do yá tín din ke árse tak bïlkul báhir nikal áte hain. Yih bukhár sirf jild badan par hí nahín nikaltá hai balki jhillí tak; muñh aur halq ke phaitá hai, aur baze áñkh ke tunica conjunctiva tak. Dáne jald ziýádah baře aur ziýádah úñche ho játe hain, aur unke bařhne ke sáth dard jabron ká hotá hai, aur tamám badan ká post surkh ho játá hai. Bäd do yá tín din ke unke pahle zahúr se wuh ábladár ho játe hain, aur har ek áblah men glás ke rang ká raqíq muwád hotá hai, aur bích men se past ho játe hain. Roz baroz surkhí aur ámás post ká ziýádah ho játá hai, aur uske sáth dard bhí hotá hai, chehra is qadar súj játá hai ki palkeñ aksar band ho játí hain, háth aur ungliyán bhí phúl játí hain. Fáslahdár gařhe áblon ke batadríj ápas men mil játe hain aur bäd záyal hone bích kí pastí ke wuh basúrat phunsiyon ke dikhlái dete hain, jin men ek ghalíz zardí maial medeh bhar játá hai. Yih hálat jis ko pukhtagí kahte hain qaríb áthwen din ke ágház tap se kamál ko pahunchtí hai, aur tab áblah qaríb miqdár maṭar ke ho játe hain. Gyárahwen din sújan aur warm jism aur chehra kí jild ká ghaṭtá hai, aur áblah in muqámon ke khushk ho játe hain, aur chhilke hokar jhaṛ játe hain. Chaudhwen yá pandhrawen din bäd jhaṛ jáne chhilkon ke zakhm baz hálatoñ men báqí rah játe hain, aur yih bát khás isí marz men hotí hai, yih phunsiyán háth par nisbat aur muqámon kí phunsiyon ke ek yá do din bäd tak rahtí hain, aur aksar tüt jáne se taklíf dahindah zakhm báqí rahtí hain.

*' Maqlijah mutsawat qism chechak ká.—Bafaur is ke ki bímári mazkúr zahúr kare, cháhiye ki maríz ek aise makán men rakkhá jáwe & ki baře aur hawádár aur tárík ho, garam raqíq chízeñ misl cháh*

ley water may be given to any extent, and his food to consist of the lightest and most digestible kind that can be procured, such as oatmeal and barley broth, or roasted apples. After the fourth day, opiates should be given at bed time to allay the irritation. Should there be no diarrhoea, the bowels should be gently moved by enemas or mild aperients, as rhubarb and magnesia or manna. Should the fever run high in plethoric persons, it would be well to bleed either generally or locally, to relieve the head or chest. If the weather should be cold or damp, and there be a large eruption, the patient should be kept continually to his bed, with only sufficient clothing on to prevent any sudden check to the eruption. When the disease is going off, mild nutritious food may be given, and if there be restlessness, an occasional anodyne. Stimulants are not often required, and should be given with the greatest caution. The state of the bowels should be carefully watched, and a mild laxative given occasionally.

*Symptoms of the confluent form of small pox.*—In this form of the disease, the pustules are very numerous and run together, the fever is violent and of a typhoid character, the pulse is not so strong, the patient is very weak. The symptoms in the first stage are similar to those in the “distinct” variety, but more severe and violent; the fever running higher and being accompanied by considerable nervous excitement often amounting to delirium. The eruption appears generally on the third day, coming out earlier than in the “distinct” form, but the fever does not diminish in violence upon the commencement of the second stage as it does in the “distinct” form. At first the eruption has nothing peculiar in itself; but in a day or two you will perceive that the pustule does not rise so high or fill so much as usual, and by degrees those on the face run into one another and form one continuous bag, containing a thin bloody fluid instead of pus. The face becomes considerably swollen, and as the confluence takes place it loses its red color, and becomes white and puffy. About the eighth day, the covering of the pustules changes to a dusky color or it bursts, and dark brownish fetid scabs are formed; towards

yá cháwal ke pání yá ásh-i-jau, ki jis qadar cháhey 'de sakte hain, aur uskí ghizá mushtamil ho niháyat subuk aur niháyat qábil hazm hone kí qism se, jo ki báham pahunch sake misl oatmeal, aur jau ká shurbá yá bhune hue sebon ke. Bäd chauthé din ke adwiyah khwábáwar wáste kam karne sozish ke sote waqt dení cháhiyen. Agar dast na áte hon, to ánten bamulámiyat harkat dí jáwen sáth pichkáriyon muláyam adwiyah ke, misl rewand chíní aur magnesia aur manna yane shírkhisht ke. Agar un logon ko jin ke jism men khún ziyádah hai tap kí shiddat howe to tanqiyah ám yá khás khún ká munásib hai wáste taskín sir yá sínah ke. Agar mausam sard yá martúb ho aur dáneháe chechak bakasrat nikle hon to cháhiye ki maríz hameshah rakkhá jáwe uske bistar par, aur is qadar káfi kaprá ořhe rahe ki dasátan bukhárát nikalne se band na ho jáwe. Jab ki árzah mazkúr rafá hotá játá hai to muláyam taqwiyat dahindah ghizá dí já saktí hai, aur agar maríz ko beqarárí ho to kabhí adwiyah khwábáwar de sakte hain. Adwiyah mutharrik kí aksar zardárat nahín hotí, aur agar dewen to bahut soch samajh kar. Hálat rodon kí bahut hoshýári se malhúz rahe aur kabhí kabhí ek khafí mushil diyá jáwe.

*Alámatez qism chechak mujtamá kí.*—Is qism men bímári mazkúr ke áblah beshumár hote hain, aur ápas men mil játe hain, tap shadíd aur ek typhoid qism kí hotí hai, nabz bahut qawví nahín hotí, maríz bahut nátwán ho játá hai. Alámatez darjah awval kí waisí hí hotí hain jaise ki qism mutsfáwat men hotí hain, balki ziyádatar sakht o shadíd ho játi hain, aur shiddat tap kí bhí ziyádah hotí hai, aur uske sáth niháyat tahrík rag o putthe kí hotí hai, aur aksar hálat hizyán ho játi hai. Nikamá dánon ká aksar tísre din záhir hotá hai, aur dáne chechak ke báhir nikal áte hain ziyádah jald banisbat qism mutsfáwat ke, lekin sakhtí tap kí nahín hotí, ágház darjah doyam par jaise ki wuh kam hotí hai qism mutsfáwat men. Awwal dánon men koí khás chéne nahín hotí, lekin ek do din men áblah is qadar nahín ubharte aur is qadar bharte jaise ki hameshah aur batadríj dáne chehrak ke ek dára se mil játe hain aur ek hamwár ke se ban játe hain, aur us men ek raqíq kuchh lahúsá bajáe rím ke hotá hai. Chehráh niháyat súj játá hai, aur jab ki hajúm wáqa hotá hai wuh apní surkh rangat ko kho detá hai, aur sufed aur rímdár ho játá hai. Qarib áthwé din ke post áblon ká siyáh sá ho játá hai, yá wuh shaq ho játá hai, aer

the twentieth day, large scabs fall off, disclosing ulcerations of the skin and leaving permanent pits and seams. About the tenth or eleventh day, a secondary fever sets in, attended with a variety of distressing symptoms: the skin becomes dry and hot, with a quickened pulse, white tongue, and thirst; there is often violent delirium or coma present, or that peculiar affection of the nervous system resembling "delirium tremens." The chest is liable to be affected, especially the pleura, which is often the seat of sudden and fatal inflammation. Boils and abscesses may also form in different parts of the body, as well as hemorrhages from some of the passages. Gangrene of the genitals frequently takes place, and usually proves fatal; there is often severe ophthalmia causing sloughing of the cornea.

*Treatment of confluent small pox.*—Great care is required at the commencement to prevent the fever attaining a dangerous height. When the secondary fever has set in, you should give diluent drinks, occasional aperients, and if there be irritation and restlessness, opiates. It is seldom safe to bleed at this late period. In bad cases of secondary fever, there is often great debility, coldness of the extremities, and typhoid symptoms. A similar state is often produced by the drain of matter from the pustules when they are very numerous, and sloughing sores upon parts of the body exposed to pressure. Under these circumstances, wine, tonics and stimulants are called for, as the only means you have of supporting the patient's strength. Children should have their hands confined, to prevent them scratching the pustules on their faces. The pustules do not require any particular local treatment; if they become hard, anoint them with a little sweet oil, or dust them with starch or other dry powder, when they are discharging thin bloody matter. Change of air will be highly beneficial when the patient is convalescent.

#### *Questions.*

How many varieties of small pox are there, and what are they called ?

siyáh phore mut̄kfin chhilke banjáte hain, aur bíswen din báre báre chhilke gir parte hain, aur jild badan men se zakhm záhir hote hain aur hameshah ko ghá̄t rah játe hain. Qaríb daswen yá gyárahwen din ke, ek dúsri qism kí tap shurú hotí hai, aur us ke sáth mukhtalif taklíf dahindah alámaten hotí hain, jild badan kí khushk aur garam ho játi hai, nabz tund, zubán sused, aur tishnagí hotí hai, is men aksar hálat-i-hizyán yá behoshí, yá yih ki ek khás dard rag o put̄the ká mushábah marz delirium tremens ke hotá hai. Chhátí men basabab is marz ke khalal ho saktá hai, khasúsan ghashaurriyá men jis men yakáyak muhlík sozish á játi hai. Phunsiyán aur dumbul bhí mukhtalif ajzáí jism par ho játe hain, aur bhí bází ráhoñ se khún járí hotá hai. Khusyatán aksar saq játe hain, aur aksar maríz halák ho játa hai; is marz men aksar dukhná áñkhoñ ká wáqa hotá hai jinke sabab se qarínah men chhichre ho játe hain.

*Maáljah qism mujtama chechak ká.*—Ágház marz men barí ihtiyát is bát kí rakhní zarúr hai ki tap is qadar shiddat na pakre ki jisse mujib khauf o khatr ho. Jab ki dúsri tap shurú ho, to cháhiye ki ashrubah raqíq aur kabhí kabhí adwiyah muláyyan aur agar sozish aur beqarári ho to adwiyah khwábawar dewen. Is pichhle waqt men khún ká lená niháyat khatrnák hai. Darsúrat bad qism ke hone tap sání ke aksar barí nátarwání aur sardí háth páñw kí aur alámaten tap typhoid kí hotí hain. Aur aksar basabab nikalne mawád ke phunsiyon se hál tap mazkúr ká sá guzartá hai jis súrat men ki phunsiyán beshumár hoñ aur chhichre par jáwen, aur zakhm azáe jism ke daben. Aisí súraton men sharáb angúraur adwiyah muqawwíaur mutharrik wáste madad táqat maríz ke den kyunki sirif yihí tadbír bahál rakhne táqat maríz ke hai. Is nazr par ki bachcha phunsiyon ko chehráh kí na nochen, un ke háth bándh diye jáwen. Lagáná kisí dawá ká phunsiyon par, darsúrateki sakht ho jáwen zarúrat nahín rakhtá lekin gúnah míthá tel mal den, yá un par koí khushk powder chhírák dewen, jis súrat men ki un men raqíq medeh khún álúd nikaltá ho. Jab ki maríz ko ifaqát hásil hai, to tabdil áb o hawá bahut mufid hogá.

### Sawálát.

Kitne aqsám chechak ke hain, aur unko kyá kyá kahte hain?

- What are the symptoms of distinct small pox ?
- What treatment should you adopt in the distinct form of the disease ?
- Describe the symptoms of the confluent form of the disease, and the meaning of the term.
- What organ in particular is very apt to become inflamed in this variety of the disease ?
- What treatment should you adopt at first in the confluent form of the disease ?
- What takes place generally about the tenth or eleventh day in the confluent form of the disease ?
- In bad cases of secondary fever, what is often the state of the patient, and what should you then do ?

#### VARICELLA; CHICKEN OR SWINE POX.

*Symptoms.*—The eruption is preceded by more or less fever, and first appears on the back, neck and breast, the face being comparatively free, coming out suddenly in the form of little blisters, about the size of split peas, and filled with a transparent straw-colored or yellow lymph. These vesicles may be oval, pointed, round, or may be confluent, thus constituting the four varieties. Successive crops of vesicles come out, which is characteristic of the disease, not occurring in any other of the eruptive fevers. There is usually a slight degree of redness of the skin round the vesicles, accompanied with itching. About the fourth or fifth day they begin to dry up, turning into brown gummy scabs; these crumble off in the course of a week or ten days, sometimes leaving pits in the skin.

*Treatment.*—It is merely necessary to keep the child in bed two or three days, and not allow it animal food, or heating drinks. Towards the close of the disease, a mild laxative may be given, and the return to its ordinary food must be very gradual.

#### *Questions.*

What are the symptoms of varicella ?

Kyá hain alámateñ qism mutfáwat chechak kí?

Kyá maáljah awwal ikhtiyár karná cháhiye qism mutfáwat ársah chechak men?

Bayán karó alámateñ qism mujtamá chechak kí aur mané ua lafz ke?

Kaun se azá men kháskar is qism kí bímári men sozish á játi hai?

Kyá iláj awwal ikhtiyár karná cháhiye qism mujtamá bímári mazkúr men?

Kyá wáqá hotá hai amúman qarib daswen yá gyárahwen din ke is bímári qism mujtamá men?

Burí hálaton men tap-i-sáni kí hálat maríz kí aksar kyá hotí hai, aur us súrat men kyá karná cháhiye?

#### VARICELLA; YANE CHICKEN YÁ SWINE POX.

*Alámateñ*.—Dánoñ ke nikalne se pahle ziyádah yá kam tap hotí hai, aur awwal dáne zahir hote hain, pusht, aur gardan, aur sínah par, aur chehráh banisbat in azá ke un se mahfúz rahtá hai, aur nikalte hain dafatan basúrat chhoṭe chhoṭe áblon ke qarib dalí huí maṭar ke, aur in men ek shafáf straw yane ghás ke rang ke, yá zard ratúbat bharí hotí hai. Yih áblah ho sakte hain baizawí, yá nokdár, yá mudawwar, yá hajím men bhí ho sakte hain, aur is tarah inkí chár iqásam hotí hain. Mutwátir guchchhe áblon ke báhar nikál áte hain jo ki khásah hai is bímári ká, aur kisi qism ke bukhár men jis men dáne nikalte hain yih bát bahín hotí. Is marz men thorí sí surkhí jild ke gird áblon kí hotí hai, aur uske sáth khárish bhí hotí hai. Qarib chauthé yá páñchwen din ke weh khushk hone shurú hote hain, aur mutbaddil ho játe hain bich bhúre gonddár chhilkoñ ke, yih tút kar jhaṛ játe hain ek haftah yá das din ke ərsa men, lekin baze waqt jald badan men gaṛhe chhoṛ játe hain.

*Maáljah*.—Sirf yih bát zarúr hai ki do yá tíu din tak bachcha ko uske bistar men rakkhen, aur use ghost yá ashrúba garam na den. Barwaqt ikhtitám marz mazkúr ke ek khafí sá julláb diyá já saktá hai, aur maríz láyá jáwe batadríj uske mamúl aur hameshah kí ghizá par.

#### Sawálát.

Kyá hain alámateñ árzah varicella kí?

How many varieties of eruption are there, and how are they designated ?

What peculiarity is there in this disease, which does not occur in any other of the eruptive fevers ?

What treatment should you adopt in this disease ?

#### VERMES; WORMS.

*Symptoms.*—Worms may be suspected to be present when a child looks pale, and grows emaciated, while his belly swells and becomes hard: there is a gnawing, burning, or twisting pain felt in the stomach or about the navel. The appetite is usually precarious, at times voracious: the breath is fetid, and the bowels deranged, being alternately purged or costive, and much mucus passes in the stools. The child picks its nose, or it has great irritation at the rectum, and if it is old enough, complains of faintness from the irritation caused by the worms. Its sleep becomes unquiet, subject to start up, or suddenly awakes from its sleep, it grinds its teeth, the eyes look fixed, and the pupils dilated; there is listlessness, restlessness, or great depression of spirits; sometimes there is pain in the head or even convulsions; the pulse is quickened, the breathing hurried, oppressed or difficult, accompanied with a dry convulsive cough. There are three varieties of worm found in the human intestines, viz. the "ascaris lambricoides," or long round worm, which resides in the small intestines and causes colicky pains about the navel with faintness, also great emaciation and voracious appetite;—the "ascarides" or thread worms: these reside in the large intestines, particularly the rectum, and may be often seen in great numbers in the stools, looking like pieces of cut thread; they often creep from the rectum, and may be found in the bed clothes, or seen clustering round the anus; the itching and irritation felt in the rectum, generally increased in the evening, is a characteristic sign of their presence;—the "toenia" or tape worm, this last variety is more frequently found in the adult, and has often been seen ten or fifteen yards in length.

Us men kitni qismen dáne kí hotí hain aur kistarah weh nishán kí gaí hain?

Is bímári men wuh kaunsí khaasúiyat hai jo ki nahín wáqá hotí hai kisi aur nikalne wále dánor men?

Kyá iláj iktiyár karna cháhiye is bímári men?

### VERMES ; YANE KIRM-I-SHIKAM.

*Alámaten.*—Jab ki bachcha zard dikhláí de, aur roz ba roz nátarwán hotá jáe, to yih gumán ho saktá hai ki uske pet men kíre hain; uská pet phúl játá hai, aur sakht ho játá hai, medeh men yá qarib náf ke sozindah yá pechishdár dard hotá hai.. Ishtahá hameshah besabát hotí hai, magar baze auqát bahut tanaffus mutaffin hotá hai, aur rodeh basbabab iske ki kabhí ishál aur kabhí qabz rahtá hai betartíb ho játe hain, aur daston men bahut áñw átí hai, bachchá apní nák ko khujlátá hai, yá uske miqad men ek sozish hotí hai, aur agar wuh káffí bará hotá hai to wuh shikáyat zauf kí us sozish se rakhtá hai jo ki babáis kíron ke paidá hotí hai. Bachchá áram se nahín sotá, dam badam chaunk partá hai, aur dafátan sote sote jág ughtá hai, aur apne dánt chabátá hai, aur áñkhen pathrá játí hain aur putliyán barí ho játí hain. Is marz men ghaflat aur baqarári yá niháyat zauf-i-hawás hotá hai aur baze auqát dard sir yá tashannuj hotá hai, nabz tund ho játí hai, aur dam jald jald áta játá hai, aur uske áne jáne men taklíf aur diqqat hotíhai, aur uske sáth ek khushk tashannuj ke sáth khánsí hotí hai. Insán ke rodeh men tún iqásám kíron kí hotí hain, jinkí tafsíl yih hai. “Ascaris lambricoides” yane lambá mudawwar kirá jo ki chhotí ánton men rahtá hai, aur báis hotá hai qulinj ke se dardon ká, qarib náf ke sáth hálat ghashí ke, aur is men bare bare dast áte hain, aur bhúkh ziyádah hotí hai. “Ascarides” yane sút ke se kíre: yih rahte hain barí ánton men, khasúsan miqad men, aur aksar bakasrat dekhe já sakte hain daston men, aur dikhláí dete hain misl katre hue sút ke tukron ke, weh aksar chalte hain miqad se aur dekhe já sakte hain bistar ke kapron men yá unká guchhá gird miqad ke dikhái detá hai, aur khárish aur sozish kánch men malum hotí hai, aur yih shám ke waqt aksar ziyádah ho játí hai, aur hai ek khás alámat unkí maujúdgí kí. “Tonia”—yih akhír qism hai, aksar pái gaí jawán ádmíyon men, aur aksar dekhí gaí hai das yá pandrah gaz lambán men.

*Treatment.*—As turpentine generally acts against all kinds of worms, and may be safely given to very young children, you should administer this medicine in doses of half a drachm to one drachm of the oil of turpentine mixed in a little milk, two or three hours after a meal, and not on an empty stomach, following it up with castor oil two or three hours after; in adults, the dose may be increased to one or two ounces: persons should remain quiet after taking this medicine, as it is very apt to irritate the stomach and cause vomiting. The thread worm is speedily removed by injections of turpentine and rice or barley water; the medicine should however be taken internally also. The food should be nutritious, or even occasionally stimulant, salt being freely eaten at meat time. Injections also of sulphate of iron, from two to five grains, with four ounces of water for a child, will be often found very serviceable.

*Questions.*

What are the usual symptoms of a child having worms?

How many varieties of worms are there found in the human intestines, and what are they called?

What treatment should you adopt for their removal?

What kind of food should you give those laboring under this affection?

*Maqljah.*—Chúñki turpentine aksar əmal kartá hai barkhiláf tamám qismon kiron ke, aur diyá já saktá hai bahut chhoṭe bachchon ko bhí, to cháhiye ki istamál is dawá ke tel ká nisf drachm se ek drachm tak thore se dudh men milákar do yá tím ghante bād kháne ghizá ke karen, magar medeh khálí na ho, aur phir do tím ghante bād is ke arandí ká tel dewen; cháhiye ki maríz bād kháne is dawá ke kuchh harkat na karen, kyunki us medeh men jald sozish paidá ho saktí hai, aur qai á saktí hai. Wáste jawán ádmiyon ke māutád ziyádah kí já saktí hai ek yá do ounce tak. Sútí kire jald nikále já sakte hain sáth pichkáriyon turpentine aur cháwal ke pání yá áb-i-jau ke, lekin cháhiye ki yih dawá khái bhí jáwe. Ghizá honí cháhiye muqawwí bhí yá kabhí kabhí mutharrik, aur namak waqt ghizá ke bakhubí kháyá jáwe. Pichkáriyán sulphate of iron do grain se panch grain tak sáth chár ounce pání ke ek bachche ke liye bahut mufid pái jáwengí.

### *Sawálát.*

Kyá hain māmúlí alámateñ ek larke kí peñ men kire hone kí?

Kitní qism ke kíre insán ke rodon men páe gae hain, aur wuh kyá kahláe játe hain?

Kyá iláj tum iktiyár kar sakte ho wáste rafá karne in kiron ke?

Kis qism kí ghizá dení cháhiye un logon ko jo ki is bímári men mubtilá hote hain?

PART IV.  
ON  
TOXICOLOGY.

BA'B CHAHĀ'RAM.

---

DAR BAYA'N ZAHAR.

PART IV.  
ON  
TOXICOLOGY.

*Question.*—What is a poison ?

*Answer.*—That which when applied externally, or taken internally, causes such derangement, as to produce disease, and at times, death.

Q.—How are poisons divided ?

A.—Into animal, vegetable, mineral and aerial.

Q.—How many classes of poisons are there ?

A.—Six, viz.

*The corrosive*, as corrosive sublimate, red oxyde of mercury, the sulphate of mercury, mercurial vapours; preparations of arsenic, copper, tin, zinc, nitrate of silver; the mineral acids; the corrosive alkalies, as the subcarbonate of soda, potash, ammonia, lime, powdered glass, and Spanish flies.

*The astringent*, as preparations of lead.

*The acrid*, as the gases, chlorine, muriatic acid, sulphuric acid, nitrous and nitro-muriatic vapors.

*The narcotic and stupifying*, the gases hydrogen, azote, and the oxyde of azote, opium, stramonium, henbane, prussic acid, &c.

*Narcotico acrid*, as carbonic acid, or the gas of charcoal, and fermenting liquors, belladonna, tobacco, foxglove, camphor, coccus indicus, ergot of rye, &c.

*Septic or putrescent*, sulphuretted hydrogen, putrid effluvia of animal bodies, the bites of venomous animals, the rattlesnake, scorpion, mad dog, &c., &c.

#### MINERAL POISONS ; PREPARATIONS OF ARSENIC.

*Symptoms.*—Little or no taste; generally within an hour, pain and heat are felt in the stomach, soon followed by vomiting, with burning and dryness of the throat, and great thirst; the ejected matters are green, yellow or bloody. Diarrhoea and tenesmus ensue, the pulse becomes small, frequent and irregular, and the

## BÁB CHAHÁRAM.

## DAR BAYA'N ZAHAR.



*Sawál.*—Bayán karó zahar kyá hai ?

*Jawáb.*—Jo chíz kháne yá badan par lagáne se bímári yá mauṭ paidá kare.

*S.*—Iqsám-i-zahar kyunkar hain ?

*J.*—Haiwánatí, nabátatí, dhátí aur äerial yane hawái.

*S.*—Iqsám-i-zahar kai hain ?

*J.*—Chhah hain.

1st. *Corrosive*, misl corrosive sublimate, red oxide of mercury, sulphate of mercury, mercurial vapors, preparations of arsenic, támbá, tin, zinc, nitrate of silver, dhátí tezáb, corrosive alkalies, misl subcarbonate of soda, potash, naushádar, chúná, pisá huá shíshah; aur Spain kí makkhí.

2nd. *Qábiz*, misl preparations of lead.

3rd. *Hamúziyát*, misl gases, chlorine, muriatic acid, sulphuric acid, nitrous aur nitromuriatic vapors.

4th. *Muskir*, aur stupifying, yane behosh karnewálá, misl gases, hydrogene, azote, aur oxyde of azote, opium, stramonium, henbane, prussic acid, waghairah.

5th. *Muskir hamúziyát*, misl carbonic acid, yá gas of charcoal, aur urnewálí pání kí chíz, belladonna, tambákú, foxglove, kafúr, coccus indicus, ergot of rye, waghairah.

6th. *Badbúdár*, sulphuretted hydrogen, badbú sarí huí nash hai-wánat kí, zahríle haiwánat, rattlesnake yane sánp, bichchú, díwáná kuttá, waghairah.

## DHÁTÍ SAMÚMIYÁT; MURATTABÁT SANKHIYAI KE.

*Alámaten.*—Záeqá bahut kam yá nahín hotá, amuman ek ghante ke arse men hiddat-o-dard medeh men malum hotá hai, aur fauran bád iske dák lag játí hai aur halqum men sozish aur khushkí, piyás kí shiddat hotí hai, qai yá to zard yá sabz yá khún álúd hotí hai. Is mauqa par dast aur níbahí hotí hai, aur nabs patlí aux zarí sur

breathing oppressed. Dysuria and bloody urine occur; cramps and slight convulsions often precede death, which sometimes takes place in five or six hours after the arsenic has been taken.

*Treatment.*—Excite vomiting by emetics of sulphate of zinc if not already present, encourage it with large draughts of new milk, gruel, or linseed tea, so as to envelop, and get rid of the arsenic. Inflammatory symptoms are to be subdued by bleeding from the arm, leeches and fomentations to the abdomen; emollient clysters, and other appropriate remedies. Dysenteric and nervous consequences should be relieved by the usual remedies. If death does not ensue, the diet should be fluid, farinaceous and demulcent for a considerable time afterwards.

#### *Tests.*

Those most usually now employed are Marsh's and Reinch's, and may be thus described.

*Marsh's test.*—It is the reduction of the metal by calcining in a small glass tube with a spirit lamp, the dried suspected matter, mixed with fresh burnt charcoal, when, if arsenic be present, even the hundredth part of a grain, it will be sublimed, and adhere to the inside of the tube in the form of a shining metallic crust externally, and appear crystalline internally, when viewed with a magnifying glass; this crust may be reconverted by exposure to heat, into the white oxyde, consisting of minute octahedrons with triangular facettes, easily recognised with a microscope.

*Reinch's test.*—This is considered a more delicate test than the former. It consists in boiling the suspected substance with electrotype copper and strong muriatic acid. Metallic arsenic is deposited as a black coating on the copper, and by removing this metal from the liquid, washing it with a little distilled water, and allowing it to dry, on heating it in a glass tube, the metallic arsenic and crystals of arsenious acid sublime.

beqáidah ho játí hai, aur sáns diqqat se átā hai, pesháb bataklif sur kbún álúd átā hai, ainqhan aur gunah tashannuj aksar qabalaz maut ke láhaq hotá hai, baz auqát páych yá chhah ghanṭe bád kháne sankhiyá ke.

*Mađlyah.*—Adwiyah qaiáwar sulphate of zinc se qai ko ziyádatí den, aur agar yih maujúd na hon to kuchh dúdh tázah yá cháwal kí pích yá alsí kí cháh is qadar ifrát se piláwen ki sankhiya men maķhlút hokar is ko qai men nikál den. Agar alámateñ sozish kí numáyán howen to un ko bazariñ háth ke fasd, joñkon, aur seyki-shikam, aur mulayyan pichkáriyon aur aur tadábír munásib se rafá karen. Wáste rafá ishál aur ḫhalal is áb ke lázim hai kí mamúl ijláj amal men láwen. Agar maut láhaq na ho to ghizá muddat tak raqíq aur táqatbaķhsh aur naram denc cháhiye.

### *Shanákh.*

Taríq shanákh ke, jo niháyat aksar in dinon men amal men áte hain weh do hain, ek to Mársh sáhab ká, dúsrá Reinch sáhab ká, aur hál unká zail men likhá hai.

*Mársh sáhab ká taríq shanákh ká*—Yih hai: nikálná mādní ká bazaríñ jaláne ke use spirit lamp se darmiyán ek síse kí nalí ke ḫusk kí huí shai ko jis men shubah zahar ká hai, táze jaláe hue koelop men milá den, agar sankhya us men maķhlút hoke bamiqdár sowen hisse ek grain ke ho to bhí farár hoke andar kí taraf nalí men aur báhir se bashakl tábindhá mādní chhilke ke, aur andar se misl billaur ke díkháí degí agar jo durbín se musháhidah karen. Agar is chhilke ko muqábil garmí ke karen to wuh sused oxyde men mubaddil ho jáegá, aur basúrat chhoṭe chhoṭe hasht pahlú yá musallas ṭukron ke mubaddil hokar bazariah microscope yane baṛháne wále síse se díkhá degá.

*Taríq shanákh Reinch sáhab ká*—Yih pahle se niháyat behtar taríq shanákh ká hai, aur wuh yih hai, ki us shai ko ki jis men shubah zahar ká ho sáth electrotype támبا aur tez muriatic acid, yáne namak ke tezáb ke josh den. Sankhiya misl siyáh tah támbe ke úpar jam jáwegá, aur us mādaní shai ko raqíq shai se judá kar ke aur thore khínche hue pání se dho kar aur ḫushk kar ke agar sise kí nalí men us ko garmí den to sankhiya mādaní aur chhilke sankhiya ke tezáb se jam jáwenge.

## PREPARATIONS OF ANTIMONY.

*Symptoms.*—Similar to those occasioned by acids, with painful and obstinate vomiting, copious stools, constriction of the throat, cramps, symptoms of intoxication, and prostration of strength, often terminating in death.

*Treatment.*—Vomiting to be excited by tickling the throat with a feather or the finger, and by large draughts of mild bland fluids, as rice water, gruel, or linseed tea; or allayed by opium according to the previous effect of the poison. The best antidotes are, decoctions of astringent vegetables, such as oak, cinchona, or willow bark, gall nuts or strong tea, which may be given freely to excite vomiting, and at the same time to decompose the poison.

*Tests.*

Tartarized antimony is precipitated from its solution, of an orange color, by sulphuretted hydrogen and the hydro-sulphurets, the precipitate being reduced to the metallic state, by exposure to a stream of hydrogen gas while heated in a glass tube. It is also precipitated white by sulphuric acid, alkalies, lime, and barytes waters. Alkaline and earthy neutral salts do not affect it, but salts with excess of acid do. The muriate of antimony is a dark heavy fluid, to which if water be added, a white precipitate is formed. The oxyde is soluble in muriatic acid, forming the muriate. All the preparations of antimony are readily reduced to the metallic state on a large scale, by calcination with charcoal and potash.

## PREPARATIONS OF BISMUTH.

*Symptoms.*—Similar to those of other corrosive poisons, with great heat in the chest and very difficult breathing.

*Treatment.*—No specific antidote is known. Milk and mild mucilaginous fluids to be drank plentifully to facilitate vomiting, and purgatives should be given.

## MURATTABÁT ANTIMONY KE.

*Alámateñ*.—Waise hí hote hain jo ki acid yane tezábón ke kháne se paidá hotí hain, sáth is bát ke ki dard ke sáth dák bashiddat lag játí hai, aur dast bakasrat jári ho játe hain, aur galá ghuṭ játá hai; aur tashannuj ho játā hai, aur alámateñ behoshí kí numayán hotí hain, aur táqat záyal ho játī hai, aur aksar maríz mar játā hai.

*Maṣljah*.—Cháhiye ki qai ko bazariñ gudgudáne gale ke par yá unglí se aur raqíq aur latíf ashrubah misl cháwal ke pání, pich yá cháh alsí, bakasrat dewen, yá usko bazariñ dene afiñ ke kam karen, jis tarah par ki zahar ne pahle asar kyá hai. Bahtar adwiyah dáfa-uz-zahar joshándah qábiz nabátát ke hote hain, misl chhálop darakht oak, cinchona yá willow ke: májú phal yá tez baní huí cháh bhí dáfa zahar hai, aur unko baķhúbí piláwen wáste ziyádah karne qai ke, aur is nazar par ki zahar ko judá kare.

### Shanákh.

Tártarized ántimony baith játí hai bäd ghulne ke, aur rang uská náranjí ho játā hai; sulphuretted hydrogen aur hydro-sulphurets se fauran bahálat mādaní ho játī hai babáis lagne hydrogen gás ke jab ki sise kí nalí ko gunah garmí pahuñche. Uskí rangat sulphuric acid, alkalies, chúná, aur barytes pání se fauran sufed ho játī hai. Alkaline aur zamíni neutral namak uspar kuchh asar nahín karte, lekin namak mai tezáb ke kartá hai; muriate of ántimony goki siyáh aur gadlá pání hai lekin agar us men pání ko shámil karen to fauran barang sufed ho jáegá. Oxyde ke galne se muriatic acid men, muriate ban játā hai. Sabtarah kí antimony fauran bahálat mādaní ho kar bare bare chhilke ban játe hain chár-coal aur potash ke sáth jaláne se.

## MURATTABÁT BISMATII.

*Alámateñ*.—Iskí misl alámateñ corrosive sammumiyát ke hain men niháyat garmí sínah aur diqqat sáns malum hotí hai.

*Maṣljah*.—Kof makhsús zaharmohrá yane dáfa-uz-zahar is ká hanoz tajwíz nahín huá, balki sirf dúdh aur mulayyan luábdár ashrubah bawáste karáne qai ke bakasrat piláte hain, aur bädhdé julláb dete hain.

*Tests.*

The nitrate boiled with distilled water is decomposed, part being precipitated as sub-nitrate, and part remaining dissolved, being a super-nitrate. This solution is colorless, reddens litmus paper, and the hydrosulphurets produce a black insoluble sulphuret of bismuth. The sub-nitrate is soluble with a little heat in nitric acid, from which the alkalies precipitate the white oxyde, which is easily reduced by calcination. Chromate of potash precipitates it yellow.

## PREPARATIONS OF COPPER.

Food cooked in foul dirty vessels, and pickles made green by copper.

*Symptoms.*—Taste acrid and coppery, tongue dry and parched, constriction of the throat, and coppery eructations, severe vomitings, or fruitless efforts to vomit, dragging at the stomach, dreadful colic, frequent black bloody stools with tenesmus, abdomen distended, pulse small, hard and quick; syncope, great thirst and anxiety, cold sweats, scanty urine, cephalalgia, vertigo, cramps and convulsions, usually preceding death.

*Treatment.*—Large draughts of milk and water to encourage vomiting, whites of eggs stirred up with water and taken freely. Inflammatory symptoms to be subdued on general principles, and the nervous symptoms by anodynes and antispasmodics; sugar dissolved in coffee may be given with advantage. The ferrocyanate of potash has also been recommended as an antidote, next to albumen or white of eggs.

*Tests.*

The salts of copper are mostly of a bright green or blue color, and are easily reduced by charcoal at an elevated temperature. The sulphate is partly decomposed by alkalies and alkaline earths. Potash precipitates a subsulphate of a green color from it. If the salts of copper be dissolved in coffee, port wine, or malt liquors, which in part decomposes them, they may be detected by adding

*Shandákh.*

Chuáe hue páni aur shore ke sáth agar josh kyá jáwe to wuh iláhda ho kar fauran misl subnitrate ho jáegá aur jo chíz ki us men báqí rahegí so wuh ghol kar super-nitrate bad rang surkhí mál misl litmus kághaz ke rahegí. Aur hydro-sulphurets ek siyáh rang aur qábil na galne ke jo usse paidá hotá hai wuh sulphuret of bismuth hai. Agar shore ke tezáb men sub-nitrate ko ghol kar gúnah garmí karne pahuncháwén to wuh galkar fauran basúrat alkalies sufed kúshte ke, qábil-i-sokhtane baásane tamám ho jáwegá. Chromate of potash usko fauran basúrat zardí láwegá.

## MURATTABÁT TÁMBÁ.

Kháná pakáyá huá beqalaí bartan támbe men, aur achár jo ki sabz ho játá hai rakhne se támbe men.

*Alámateñ.*—Záiqa tursh aur kasílá, aur Zubán par khushkí aur jalan, aur galá ghuítá huá malúm hotá hai, dákáren khaṭtí átí hain, qai bakasrat hotí hai, aur harwaqt jí aisá málisch kartá rahtá hai ki qai ho jáwegí, aur medeh men niháyat taqáqur maj dard ke rahtá hai, bárhá siyáh rang ke dast khún ámez nabáhí ke sáth áte hain, aur peṭ phúlá rahtá hai, nabz tezrau aur sakht aur kam hotí hai, ghashí kasrat aur tishnagí aur udási malúm hotí hai, thande pasínah bhí áte hain, aur pesháb kam hotá hai, cephalalgia, ghumérí akráhá aur tashannuj niháyat ho kar maríz mar játá hai.

*Maáljáh.*—Bakasrat dúdh aur páni pilákar qai karáwen, sufaidí ande kí hamráh páni ke baikhúbí piláte raheñ, táki alámateñ sozish rafá ho jáwen, aur tez dard ásáb ko adwiyah maj khuábáwar aur dáfa tashannuj se taskín baikhshen, aur agar qahwah ko shírín karke piláwen, to usse bhí bará fáidah mutsawwar huá hai; ferrocyanete of potash ko bhí ek dáfa-ul-zahar jáná hai, jab ki sufedí ande ke bäd piláwen.

*Shandákh.*

Zangár bazát khud sabz yá nílá chamakdár rang ká hotá hai, agar koele baikhúbí roshan karke usko garmí pahuncháwén to wuh baásání tamám pighal jáwegá; khár aur khári mat्तiyon ko agar sulphate se miláwen, to uská juz o kul iláhidah kar denge, aur potash jo ki subsulphate hai, fauran rangat sabzí máyal pakregá. Agar zapgár men qahwa, port wine, yá malt liquors gholá jáwe, to unko phár

a spirituous tincture of guiacum, which will occasion a precipitate varying in shade from a greenish indigo to that of a pale green. Ammonia added to a solution of any cupreous salt, gives a blue or greenish precipitate according to the quantity, but if added in excess, it re-dissolves the precipitate, and forms a deep blue transparent solution; ferrocyanate of potash produces a fine brown precipitate, and oxyde of arsenic with a little ammonia a grass green one.

### PREPARATIONS OF SILVER.

*Symptoms.*—Similar to those occasioned by other corrosive poisons.

*Treatment.*—A table spoonful of common salt to be dissolved in a pint of water, and a wine glassful to be taken every two or three minutes, to decompose the poison; after which, mucilaginous drinks may be given freely, followed up by purgatives.

#### *Tests.*

Nitrate of silver is precipitated white by muriate of soda, yellow by phosphate and chromate of soda; if placed on burning coals, it enlivens them, leaving a coating of silver; calcined with charcoal and potash, the silver is reduced to its metallic state.

### PREPARATIONS OF LEAD.

*Symptoms.*—When taken in large quantity, a sugary, astringent metallic taste; constriction of the throat, pain in the region of the stomach, obstinate, painful, and often bloody vomitings; hiccup, convulsions, and death.

*Treatment.*—The same as recommended for the salts of barytes; in addition to which, bleeding must be used, if symptoms require it. Castor oil, either with or without opium, to clear the bowels, assisted by frequent emollient clysters; the warm bath should not be omitted. Carbonates should not be given, as they increase the activity of the acetate.

kar khud ilahdah ho játá hai, spirit ámez arq guiacum ká jo ki fauran hyyat uskí tabaddul karke sabzí máyal nílá yá zardí liye hue kar detá hai, agar ammonia ko kisí zangár se murakkab karen to usse nílí yá sabzí máyal rangat hasb miqdár ke fauran paidá hogí; agar miqdár se ziyádah miláwen, to wuh galkar fauran ek gahri rangat ká nílá shafáf solution ban jáwegá, bhúrí rangat ferrocyanete of potash ke miláne se fauran bigar játá hai, aur qadre ammonia aur oxyde of arsenic ke miláne se ghás kí sí sabz rangat ho játí hai.

### MURATTABÁT CHÁNDÍ.

Alámaten.—Is men bhí wuhí wáqa hotí hain misl corrosive zahron ke.

Maáljah.—Ek bará chamcha namak-i-taám ká ádh ser pání men ghol kar aur ek sharáb pine ká glass bharke do yá tín lahzah men piláte rahan, wáste iláhdah karne zahar ke, bad azán ashrábah luábdár baikhúbí piláwen, aur julláb dewen.

### Shanákh.

Nitrate of silver fauran sufed ho játá hai, sajjí ke namak se zard phosphate aur chromate sajjí ke se; agar usko jalte hue coals par rakkheṇ to do bárah zindah ho kar chándí ká ruán un par jam jáwegá, koela aur potash men jaláne se chándí fauran bahálat-i-mádaní á jáwegí.

### MURATTABÁT SÍSA.

Alámaten.—Agar koí shakhs ise bakasrat khá jáwe, to shírin aur charcharí ashyái mádní ká sá záiqá ho játá hai, sukaṛ jáná halaq ká, dard medeh sakhtí, qai dard ke síth átí hai, magar aksaró men khún bhí átá hai, hichkiyáñ lag játí hain, tashannuj hokar ádmí mar játá hai.

Maáljah.—Is ká maáljah wuhí hai jo ki wáste namak barytes ke tajwíz huá hai bashamúl uske iske istamál men fasd bhí lázim hai, basharteki alámát muqtazí fasd lene kí hon, wáste sáf karne antariyon ke arandí ká tel khwá asfyún ke sáth yá bidún asfyún ke mai huqnah hái adwiyah mulayyan ke aksar istamál men láyá jáwe; istamál garm pání ke ghusl ká faroguzásh na ho, carbonates dene nahíp cháhiyen, kyunki we acetate mazkúr kí tecí ko ziyádah karengé.

*. Tests.*

All the preparations of lead are easily reduced to the metallic state, by calcination with charcoal. The acetate dissolved in water, is precipitated white by sulphuric acid, these precipitates being easily reduced by calcination. The alkaline sulphurets precipitate the acetate of lead of a blackish color, and so does sulphuretted hydrogen gas. A piece of zinc, suspended in a solution of lead, abstracts the lead from the fluid, and it then becomes deposited on the zinc in the form of a metallic tree or crystallization.

## PREPARATIONS OF MERCURY.

*Symptoms.*—An acrid metallic taste, immediate constriction and burning in the throat, with anxiety, and tearing pains in the stomach and bowels; nausea and vomiting of various colored fluids, sometimes bloody; profuse diarrhoea and sometimes dysuria, pulse quick small and hard, faintings, great debility, difficult breathing, cramps, cold sweats; death occurring within twenty-four or thirty-six hours after the sublimate has been taken.

*Treatment.*—Whites of eggs to be mixed with water, and one to be given every two or three minutes to procure vomiting, and by decomposing, to lessen the virulence of the poison. Milk in large quantities, gum water, or linseed tea, sugar and water, or plain water at about 80°; gluten as it exists in wheat flour, decomposes the sublimate, and should be given mixed with water. Inflammatory consequences should be anticipated, and subdued as they occur, in the usual manner.

*Tests.*

Mercurial preparations heated to redness in a glass tube with potash, are decomposed, the quicksilver being volatilized. The oxy-muriate is precipitated white by ammonia, yellow by potash, and of an orange color by lime water; by nitrate of tin, a copious dark brown precipitate is formed, and by albumen mixed with cold water a white flocculent one. A few drops of solution of sublimate, placed on a bit of gold, forms a silvery amalgam on it, if touched with an iron pin, owing to a galvanic energy being excited at the

*Shanákhī.*

Sab tarah ke murattabát sísa ke baásání tamám apní hälät mädní par á sakte haïn, koelon men jaláne se acetate pání men gholá huá sulphuric acid ke zariah se sufed ho kar jald baith játá hai, yih durd jaláne se baásání tamám súrat pakar játá hai. Alkaline sulphurets acetate of lead ko jald siyáh kar detá hai, aur isí tarah sulphuretted hydrogen gás bhí kar detá hai, agar tukre zinc ko ghole hue sísa men laṭká den, to wuh sísa ko pání se phár kar judá kar detá hai, aur zinc men jamā hokar bashakl ek mädní darakht yá shafáf o tábindah chíz ke ho játá hai.

## MURATTABÁT PÁRA.

*Alámateñ.*—Záiqa tursh ashyáí mädní ká sá hotá hai, dafatan sukaṛ jána aur jalan halaq kí mai taraddud aur ḫharásh medeh aur antariyon ke dard hotá hái, málisch i dil aur qai rang barangí ratúbát kí átí hain, baz auqát khún ámez. Dast bakasrat jári ho játe hain, aur baz waqt dysuria nabz tez bárik aur sakht ghashí bahut zauf ámad o raft, dam men dushwári, tashannuj, sard pasína áná aur aur alámát bad záhir hotí hain, chaubís yá chattis ghanṭe bäd kháne sublimate ke maríz mar játá hai.

*Maáljah.*—Sufedí andon ki pání men milákar qai karáne ke wáste do do tín tín lalize bäd dí jáwen téki saṅktí zahar iláhidah aur kam ho jáwe, dúdh bakasrat, gond ká pání, alsí ke bij ká pání, shakkar aur pání yí sádá pání assí darje tak dyá jáwe; gluten jo ki gehun ke áte men hotá hai sublimate ko nikál detá hai, us ko agar pání men milákar dewen, magar sozish ká khyál bhí malhúz rahe, aur agar paidá huí ho to us ká iláj bataur mämúli kyá jáwe.

*Shanákhī.*

Murattabát páre ko ek síse kí nalí men maíkhár ke kíl aur garam karne se iláhdah ho játe hain aur pára ur játá hai. Oxy-muriate nausádar se sufed, aur khár se zard, aur chúne ke pání se náranjí rang ká ho játá hai. Shore aur lohe kí sharáb se bahut siyáh bhúre rang ká fauran ban játá hai aur sufedí ande kí aur thandé pání men miláne se flocculent yané rúí ká gálá sa ho jáwegá. Agar chand qatrah ghole hue sublimate ke ek tukre sone par rakkhen to wuh símen majmuā ban játá hai. Jo ek lohe kí suí

point of contact. The hydriodate of potash and protochloride of tin are very delicate tests of sublimate.

### PREPARATIONS OF TIN.

*Symptoms.*—Taste austere and metallic, with constriction of the throat, vomitings, with pain over the whole abdomen, copious stools, pulse small, hard and frequent, convulsive movements of the extremities and face, sometimes paralysis, and mostly death.

*Treatment.*—Milk to be given in large quantities to distend the stomach and produce vomiting, and afterwards to decompose the remains of the poison. Inflammatory or nervous symptoms to be subdued as they occur in the usual manner.

#### *Tests.*

The muriate precipitates gold from its solution of a purple color; it is itself precipitated of a bright yellow color by strong tea or alcoholic infusion of galls. Albumen or gelatine occasions a copious flocculent precipitate. The oxyde may be volatilized by heat, is soluble in nitric acid, combines with earths by fusion, and with fixed alkalies forms enamel; it is easily reduced by calcination.

### PREPARATIONS OF ZINC.

*Symptoms.*—An acerb taste, a sensation of choking nausea, and vomiting, pain in the stomach, frequent stools, difficult breathing, quickened pulse, paleness of face, coldness of the extremities, but seldom death, owing to the emetic quality of the poison.

*Treatment.*—Vomiting, which is the usual consequence of large doses of sulphate of zinc, to be rendered easy by draughts of warm water, and particular symptoms to be met by appropriate remedies. Milk and white of eggs may be given as in poisoning with copper.

#### *Tests.*

The pure sulphate is precipitated white by caustic potash and ammonia, yellowish white by the alkaline hydro-sulphurets, and of an orange color by the chromate of lead. The oxyde is readily reduced by calcination with charcoal and nitre, and when heated

us men lagái jáwe to sauran galvanic ghalbá ho kar ekhí jagah men jama ho jáwegá. Hydriodate of potash aur protochloride of tin se bahut achhchí shanaqht sublimate kí hai.

### MURATTABÁT TIN.

*Alámaten*.—Záiqá tursh aur ashyaí mādní ká sá mai sukar jáne halaq ke. Qai ká áná mai dard ke tamám peṭ men, kasrat-i-ishál, nabz bárík, sakht, aur tezrau, aur tashannuj, dast o pá o chehre ká; baze waqt fálij, aur aksar maut.

*Maáljah*.—Wáste nafkh-i-medeh aur qai láne ke awwalan dúdh bakasrat piláyá jáwe aur bág azán báqíah zahar iláhdah kyá jáwe. Sozish rag o putthe kí alámaten befaur ihdás rafa kí jáwen bataur māmúlí.

### Shanákhí.

Namak sabz rang ká baiṭh játá hai jab ki us ko nafarmáne rang men dálen, bazát khud tábindhá zard rang ká ho játá hai, tez baní huí cháh yá sharáb ámez khisándah mázú se sufedí ande ke yá gelatin ke ámezish se ek niháyat ruí ká sá galá durd baiṭh játá hai, garmí páne se kushtá uská uṛ játá hai. Nitric acid men gal játá hai. Pighláne se khák men mil játá hai, aur mujassim khár se enamel ban játá hai, phúkná uská ásán hai.

### MURATTABÁT ZINC.

*Alámaten*.—Záiqá kháráb, nalkhara ruká huá sá, jí matlátá huá, qai átí huí, dard medeh men, dast baṛhá áte hue, diqqat sáns, tezí nabz, zardí chehre, málum honá sardí ká dast o pánw men, lekin gáhe maríz mar bhí játá hai.

*Maáljah*.—Baṛí mautádeñ sulphate of zinc se ki jo qai hote hain unko bakasrat garam pání se rafa karná cháhiye, aur makhsús alámaten agar daryáft howen to un ká iláj māmúlí karen. Dúdh aur sufedí ande kí dewen jaisá ki zahar khurdah támbe ko dete hain.

### Shanákhí.

Khális sulphate baiṭh játá hai barang sufed caustic potash aur nausádar se, zardí mál sufed ho játá hai alkaline hydro-sulphurets se. Aur barang náranjí tabaddul hotá hai ámezish cromate síse se; usko kushtá banýá cháhen to koele aur shore men

nearly to redness, it becomes yellow, and on cooling becomes white again; this is very characteristic.

#### BY MINERAL ACIDS.

*Symptoms.*—An acid burning taste, acute pain in the throat, frequent vomiting of bloody fluid, which effervesces with chalk or alkaline carbonates, and reddens litmus paper, the mouth or lips excoriated, shrivelled, white or yellow, hiccup, copious stools more or less bloody, tenderness of the abdomen, difficult breathing, irregular pulse, excessive thirst, drink increasing the pain and seldom staying down, frequent but vain efforts at micturition, cold sweats, altered countenance, convulsions and death. If prussic acid be taken largely, death is the immediate result; in smaller quantities, it produces stupor, nausea, vertigo, with loss of sight, and sometimes salivation, difficult breathing, dilated pupils and syncope, which, if not soon relieved, terminates in death; when applied to sores or to the surface of the body incautiously, the same effects are produced. All the salts formed with this acid are more or less poisonous. The essential oil of bitter almonds is very similar to prussic acid, and nearly as destructive in its effects.

*Treatment.*—Mix an ounce of calcined magnesia with a quart of water, and give a wine glassful every two minutes. Soap or chalk and water may be used until magnesia can be procured. Carbonated alkalies are objectionable, on account of the great extrication of gas in the stomach, and the salts formed with them are too irritating for that organ. Vomiting to be excited by tickling the throat. Diluents may be taken after the poison has been got rid of, and the return to solid food must be very gradual. Inflammatory and other consequences to be treated by the usual remedies. If the vitriolic acid has been swallowed, water alone should not be given, nor should calcined magnesia with water be given, but the common carbonate of magnesia may be given freely when mixed with water. There is too much heat generated in the stomach, if the above cautions are not attended to. Chalk and water is preferable to magnesia, if oxalic acid has been taken.

jaláwen, aur jis waqt ki qarib surkh hone ke sufed, jo ki makheda khásiyat us kí hai.

### MĀDANÍ TEZĀB SE.

Alámaten.—Kháne acid se záiqasozindah, dard shadid halaq men, bárhá honá khún álúda ratúbát qai, jo ki uṛ jáfí hai khariyá miṭṭí yá alkaline carbonates se, aur surkh kar detá hai litmas kághaz ko; dahan yá lab kharashídah sunkṛe hue, sufed yá zard ho játe hain. Hichkiyán lag játí hain, dast bakasrat kam o besh khún álúda jári ho játe hain. Pet lag játá hai, diqqat-i-tanaffus, nabz beqáidah, tishnagí mufrít ho játí hai, pání ke píne se dard bakasrat aur gáhe batakhíss hotá hai. Láhásil qasd wáste pesháb karne ke kartá hai, sard pasíne áte hain, hyyat badal játí hai, tashannuj hokar maríz mar játá hai, agar kisi ne prussic acid bakasrat kháyá hai jisse ki ádmí bahut jald mar játá hai ek qadare miqdár men, usse behoshí, jí matláná, ghumere mai tígí-i-bínái ke wáqa hotí hai, aur báze waqt munh á játá hai, diqqat-i-tanaffus, putliyán sarákh aur behoshí jo ki bafaur na rafa ki jáwen to maríz ján bahaq ho játá hai. Jab ki nádánistgí se zakhamon par yá kisi aur satah jism par lag játá hai to usse bhí wuhí tásír paidá ho játí hain. Tamám namak jin men ki is acid ke ámezish hai kam o besh zahríle hain, muqattar raughan-i-badám talaķh bhí tásír misl prussic acid ke rakhtá hai aur qarib qarib, waisá hí qatil hai bazát khud.

Maáljah.—Ek ounce jaláí huí magnesia ek ser pání men milákar sharáb píne ká glass bhar ke do do lahze men piláte rahan. Adam dastyábí magnesia men sábún yá khariyá miṭṭí aur pání piláte rahan. Carbonated alkalies ba waste ıláhdah karne gás medeh se muffid hain, aur jin namkon men in kí ámezish hai weh bhí fáidámand aise mahal men hote hain. Qai karání bazariah gudgudáne halaq ke cháhiye. Bäd infaragh zahar adwiyát tar mizoj ká istamál karáke áhistah áhistah ghizái māmúlí par lawen. Sozish aur aur alámat mulhaqá ká māmúlí iláj karen, agar kisi ne vitriolic acid yane gandak ká tezáb kháyá hai to sirif pání aur jalí huí magnesia na den balki carbonate magnesia ká pání men milákar bakhúbi piláwen. Agar hoshiyári bataur mazkúre balá ámal men na áwep to medeh men átish paidá hogí. Agar kisi ne oxalic acid kháyá hai to bajac magnesia ke khariyá miṭṭí aur pání piláwen, chúná bahar-hál bihtar hai balki alkalies yá unke carbonates na dene cháhiyen,

Give lime in all its forms, but not alkalies or their carbonates. If prussic acid has been taken, use emetics or the stomach pump, try the cold effusion, and let the patient inhale the vapor of ammonia or chlorine freely, get ammonia or other stimulants into the stomach, and rouse the system in every possible way.

*Tests.*

*Sulphuric acid* is known by its great weight, evolving heat when mixed with water, by emitting no fumes. If barytes be added to it, a sulphate is formed which is insoluble in water or nitric acid.

*Nitric acid* emits orange colored fumes upon adding copper to it, and is changed blue by it; if potash be added, a nitrate is formed which deflagrates when thrown on burning coals. It tinges the skin yellow.

*Hydrochloric acid* emits pungent fumes; if nitrate of silver be added to it, a very white precipitate is formed of hydrochlorate of silver, soluble in ammonia, but not in nitric acid.

*Oxalic acid*, precipitates lime and all its salts from water, the precipitate being soluble in nitric, but not in excess of oxalic acid. Exposed to heat, it volatilizes, leaving but little residue; it is decomposed by sulphuric acid, becoming brown; it is dissolved by heat and nitric acid, and rendered yellow. Muriatic acid dissolves it with heat, and decomposes it.

*Phosphoric acid*, precipitates barytes and lime waters, the precipitate being soluble in nitric acid; it is decomposed by charcoal at a high temperature, evolving carbonic acid gas, and phosphorus being sublimed.

*Fluoric acid* exhales white vapors, not unlike those of muriatic acid; heat is evolved with a hissing noise when water is added to it; it dissolves glass.

*Tartaric acid* produces a precipitate from lime water, soluble in an excess of acid, and in nitric acid also; with potash it forms a neutral and super salt; it does not precipitate solution of silver, but its salts do.

*Prussic acid* smells like bitter almonds or peach leaves; it precipitates nitrate of silver white, which is insoluble in cold nitric

Agar prussic acid khá gayá hai to karáná qai sur istamál stomach-pump ká munásib hogá; sard pání ká tareerá aur sáns ke sáth khích-ná bukhárát ammonia yá chlorine ká baikhúbí istamál karáwen. Ammonia yá sur sard qábiz mizaj kí adwyah medeh men pahunchá-kar huttooł wasa us hálat ko rafá ƙaren.

• Shanákht.

*Sulphuric acid* wazní mashhúr hai, pání men miláyá huá garmí ko dúr kartá hai dálne se jis ke bháp nahín uhtí hai. Agar us men barytes miláwen to sulphate ban játá hai jo nahín galtá pání yá nitric acid men.

*Nitric acids* se náranjí rang bháp paidá hotí hai, us men támبا miláne se aur bhí nílá par játá hai, use agar potash ke sáth miláyá jáwe ek nitrate ban játá hai jis ko jab ki jalte hue coals par dál den to fauran jal jáwegá, usse chamrá rangá játá hai zard.

*Hydrochloric acid* se tez bháp paidá hotí hai; agar nitrate of silver men use miláwen ek niháyat sufed durd ban kar hydrochlorate of silver ban játá hai, ammonia men gal játá hai, magar nitric acid men nahín.

*Oxalic acid* baith játá hai, misl chúna aur uske namak jo pání men baith játe hain, lekin oxalic acid men nahín milte; garmí men rakhne se wuh ur játá hai, aur sirif qadre baqiyah chhoṛ játá hai. Sulphuric acid se iláhdah ho játá hai, magar bhúre rang ká. Nitric acid garmí páne se ghul kar zard ho játá hai, muriatic acid use ghol detá hai garmí pahuncháne se, aur usko iláhdah kar detá hai.

*Phosphoric acid* baith játá hai barytes aur chúne ke pání se, aur jo durd baith játá hai wuh nitric acid men gal játá hai. Bahut roshan kiye hue koele kí garmí use iláhdah carbonic acid gás paidá kartá hai, aur phosphorus ur játá hai.

*Fluoric acid* men se abkharah sufed uhté hain mánind muriatic acid ke, garmí phunkár ke sáth nikaltí hai us men pání miláne se. Usse káñch bhí gal játá hai.

*Tartaric acid* durd ho kar baith játá hai chúne ke pání se, turshí ke pahunchte hí gal játá hai, aur tez nitric acid men potash ke sáth wuh ban játá hai, neutral aur super salt. Wuh solution of silver ko nahín biṭhá detá hai magar uske namak.

*Prussic acid* kí bú misl bú bádám talkh yá shaftálí ke patton kí sí hotí hai, wuh biṭhá detá hai nitrate of silver ko barang sufed

acid, and when dried and heated, gives out cyanogen gas, which burns with a fine rose colored flame.

### PREPARATIONS OF POTASH, SODA AND AMMONIA.

*Symptoms.*—The taste is acrid, urinous and caustic, great heat in the throat, nausea and vomiting of bloody matter, which changes syrup of violets to green, and effervesces with acids; if the carbonated form of the alkali has been taken, copious stools, acute pain in the stomach, colic, convulsions and death.

*Treatment.*—Vinegar and other vegetable acids to be given largely to neutralize the poison; then dilute freely with demulcents, and treat inflammatory symptoms in the usual manner. Almond or olive oil may be given freely, either of which would render vomiting easy, and would convert the alkali into soap.

### Tests.

Alkalies have many properties in common: their solutions feel soapy to the touch, change vegetable reds and blues to green, and yellow to brown, remaining transparent when carbonic acid is added to them, which distinguishes them from solutions of the alkaline earths, barytes, strontian and lime. Nitrate of silver is precipitated by them in form of a dark colored oxyde, soluble in nitric acid. Potash and soda may be distinguished from each other, by evaporating their solutions to dryness; potash will become moist by absorbing water from the air, while soda will remain dry. Ammonia is known by its pungent smell, and precipitates the salts of copper, blue.

### PREPARATIONS OF LIME AND BARYTES.

*Symptoms.*—Violent vomiting, convulsions, palsy of the limbs, distressing pains in the abdomen, hiccup, alteration of the countenance, and very early death when baryta or any of its combinations have been taken. Lime, from its sparing solubility, is less active, but has occasionally produced death.

*Treatment.*—If lime has been taken, vinegar and other vegetable

jo zard nitric acid men nahín galtá, aur jab ki khushk ko garan karen, to us men se cyanogen gas niklá kartá hai, jiski jau jalna men gulábí rang ki malum huá kartí hai.

### MURATTABÁT POTASH, SAJJÍ AUR NAUSÁDAR KÁ.

*Alámateen*.—Záiqá karwá pesháb ká sá aur tez jalan bakasrat halaq men, málisch-i-dil, honá qai khún ámez ratúbat ká jisse ki shírah violets yane gul banafsha sabz ho játá hai, hamúziyát se josh khátá hai. Agar carbonated tarah ká alkálí kháyá hai, to dast bakasrat, dard shadíd, medeh qúlinj, tashannuj aur maut wáqa hotí hai.

*Maqlíyah*.—Sirká aur aur nabatátí hamuziyát baikhúbí piláwen ilahdah karne ko zahar, tab raqíq kar ke baikhúbí adwiyah tar mizáj ke istamál karen aur sozishí alámaton ká iláj māmúlí ámal men láwen. Bádám yá raughan-i-zaitún baikhúbí khiláwen jin men se koí na koí baásání tamám qai kará detá, aur alkali ko mubaddil basábún kar detá.

### Shanákhí.

Alkalies kí anwáe alámateen mashhúr hain. Unke solutions chhúne men sábún ke se malum hote hain. Tabaddul kar detá hain. Nabátát ko surkh, aur nílá sabz ko, aur zard bhúre ko, jabki carbonic acid un men miláyá jáwe to baqiyah shafsf malum hotá hai jise ki tez solutions khári mittiyoñ barytes, strontian, aur chúna men ho saktí hai. Nitrate of silver bihá detá hai unhen basúrat siyáh rang oxyde ke, magar nitric acid men gal játá hai. Potash aur sajjí men tamíz ho aktí hai ek dúsre se urá dete hue unke solutions ko khushk hone men. Kyunki potash hawá men se páni ko khínch letá hai, sajjí sirif khushk rāh játí hai. Nausádar apní tezí-i-bú se malum ho játá hai aur támbe ke namak ko nila kar detá hai.

### MURATTABÁT CHÚNA AUR BARYTES.

*Alámateen*.—Qai bashiddat, tashannuj, maflüje-i-azá, dard-i-shikam, taklíf dahindah, hichkiyán, tabaddul chehra hokar maut jaldí wáqa hotí hai jabki baryta yá koí aur chíz jis men ki uski ámezish ho, kháyá hai. Qadre ghulá huá chúna tezí men kam hote hai lekin usse bhí maut wáqa hotí hai.

*Maqlíyah*.—Agar chúna kháyá hai sirká aur aur nabatátí hamuzi-

acids are the best antidotes, with demulcents. If baryta in any of its forms has been swallowed, a weak solution of epsom or glauber's salts should be drank plentifully to produce vomiting, and at the same time to decompose the poison, which it renders inert, by forming an insoluble sulphate. Till the above salts can be obtained, large draughts of well water alone, or made sour by sulphuric acid, may be drank freely.

#### *Tests.*

Solution of lime changes vegetable blues to green, and is precipitated white by carbonic and oxalic acid, while no change is produced on it by sulphuric acid; its salts are decomposed by the fixed alkalies, which precipitate the lime, but not by ammonia. Pure baryta undergoes changes similar to lime when water is added to it, and acts like it on vegetable colors; it does not effervesce with acids. Sulphuric acid, and all the sulphates, added to a solution of it, produce a white precipitate, insoluble in water and nitric acid. Carbonate of baryta is insoluble in water, but dissolves in nitric or muriatic acid with effervescence. Muriate of baryta in solution is not changed by sulphuretted hydrogen or pure ammonia, but its carbonate as well as all other alkaline carbonates, throws down a white precipitate, which is carbonate of baryta.

### PREPARATIONS OF NITRE.

*Symptoms.*—Cardialgia, nausea, painful vomiting, purging, convulsions, syncope, pulse feeble, extremities cold, with tearing pains of the stomach and bowels; difficult breathing, a kind of intoxication and death.

*Treatment.*—Similar to that of arsenic.

#### *Tests.*

If nitre be thrown on burning coals, it crackles, and gives a beautiful white flame; if powdered, and sulphuric acid be poured upon it, it gives out nitrous fumes; both these circumstances distinguish it from glauber's salts. It is decomposed at a high temperature, affording oxygen gas.

yát behtar zaharmohra haip, hamráh tar mízaj kí adwiyát ke. Agar kisí tarah ká barytá kháyá hai to ek halká solution epsom yá glauber's namak ká wáste qai karáne ke baķhúbí piláwen, usí waqt zahar ıláhdah karne ko jis ko usne bhári kar diyá hai aur qábil nikalne ke. Sulphate jab tak ki namak mazkúr dastyáb na hon sáf pání bakasrat sulphuric acid se tursk karke baķhúbí piláwen.

### *Shanákhí.*

Solution chúna ká tabaddul kar detá hai nabátát ko sabz aur baiṭh játa hai sufed. Carbonic aur oxalic acid kisí tarah tabdilí nahín qabúl kartá sulphuric acid se. Uske namak ıláhdah ho játe haiŋ mujassim alkalies jo baiṭhá dete haiŋ chúné ko lekin ammonia nahín. Sáf baryta bhí waisá hí tabaddul kar detá hai chúné ko us men pání miláne se, aur wuhí tásír kartá hai nabátatí rangon par. Hamuziyát se wuh nahín ubaltá hai. Sulphuric acid aur tamám sulphates uske solution men miláe jáwen to sufed durd biṭhlá dete haiŋ nígalne ke qábil pání aur nitric acid men. Carbonate baryta ká pání men nahín galtá, lekin nitric yá muriatic acid men gal játa hai sáth ubálke. Muriate baryta ká ghulá huá nahín mubaddil hotá sulphuretted hydrogen yá sáf nausádar se, lekin uská carbonate misl tamám aur alkaline carbonates ke ek sufed durd níche biṭhlá detá hai jo ki carbonate baryta ká hai.

### MURATTABÁT SHORE KE.

*Alámaten*.—Cardialgia, jí matláná, dard ke sáth qai áná, dast járí, tashannuj, ghashí, zauf nabz, háth aur pair sard, maj tez dard medeh aur antariyon men, diqqat-i-tanaffus, ek tarah kí behoshí, aur maut wáqa hotí haiŋ.

*Maáljah*.—Is ká ıláj misl maálje sankhyá khurdah ke karná cháhiye.

### *Shanákhí.*

Agar shore ko jalte hue coals par rakkhen to us men se chatakh kar ek khúbsúrat shola niklá kartá hai. Agar pís kar use gandhak ke tezáb men dálen to usse shore ká sá dhuán utktá hai in donon alámaton se is men aur glauber's namak men tamiz hotí hai; garmí bahut pahunchne se wuh ıláhdá ho jatá hai maj oxygen gas ke.

## MURIATE OF AMMONIA OR SAL AMMONIAC.

*Symptoms.*—Excessive vomiting, with convulsions and general stiffness of the muscles, great pain in the bowels, early alteration of the countenance, and death.

*Treatment.*—Vomiting to be rendered easy by large draughts of warm sugared water, and if not occasioned by the poison, should be excited by the finger. The consequent nervous symptoms to be calmed by anodynes and antispasmodics, and the inflammatory ones by the usual remedies.

### *Tests.*

Muriate of ammonia is soon volatilized, if placed on hot coals; if rubbed with quicklime, it gives out the odour of harts-horn. A solution of it in water, is precipitated white, upon the addition of the nitrate of silver.

## IODINE AND HYDRIODATE OF POTASH.

*Symptoms.*—A strong burning sensation, with constriction in the throat, nausea and bilious vomiting, heartburn, and slight salivation, pain in the eyeballs, and obscure vision, palpitation, tremor, and occasional paralysis.

*Treatment.*—Mucilaginous drinks should be taken plentifully, and large emollient cathartics may be given. Give a cold mucilage of starch to decompose the iodine; add a little weak solution of chlorine, if the salts of iodine have been taken in excess.

### *Tests.*

Iodine exists in scales of a grayish black color, and becomes a violet colored gas at about  $120^{\circ}$ ; it is sparingly dissolved by water, which tinges raw starch of a purple hue; it stains the skin brown, which soon vanishes; it destroys vegetable colors like dilute chlorine, and has nearly the same smell. Hydriodate of potash precipitates oxymuriate of mercury of a carmine red color, and acetate of lead of a fine yellow tint.

## PHOSPHORUS.

*Symptoms.*—They are similar to those of concentrated acids, with a hot taste of garlic in the mouth. A grain or two has been known

## MURATTABÁT NAMAK NAUSÁDAR YÁ SAL AMMONIAC.

*Alámateñ*.—Mutawátir éna qai ká mai tashannuj ke aur amúman sakhlí i ásáb ke bahut dard rodop men, awwal tabaddul hyyat hokar ádmí mar játá hai.

*Maáljah*.—Qai baásáni karáwen garam sharbat bakasrat pílakar, aur agar shubah zahar ná ho to sirf unglí dál kar darde ásáb ko ba-adwiyah khwábáwar aur rafa dard se áram den, aur sozishí alámaton ko bataur mamúlí.

### *Shanákhí.*

Nausádar ká namak fauran garam coals par rakhne se ur játá hai, agar quick lime ke sáth malen to us men se bú hiran ke sing kí átí hai, usko agar pání men ghol kar nitrate of silver miláwen to wuh sused durd ho kar baith játá hai.

### IODINE AUR HYDRIODATE POTASH KÁ.

*Alámateñ*.—Bashiddat malúm honá jalan ká mai sukar jáne halaq ke, jí ká matléná, aur pit ámez qai ká áná, dil ká jalná, aur khaffí munh ká áná, dard áñkh ke papothon men, aur dhundhlá dikhái dená, dil ká dharakná, phureriyán ání, aur gáhe máhe fálij.

*Maáljah*.—Luábdár ashrubah bakasrat pilái jáwen aur bare mulayyan pichkáryán dí jáwen. Sard luábdár nishástá wáste iláhdá karne iodine ke dewen, agar salts iodine ká kháyá hai ek qadre khaffí solution chlorine ká istamál karen.

### *Shanákhí.*

Iodine ke sabzí siyáh mál chhilke se hote hain, aur ek sau bis darje garmí men ek gol banafsha ke rang ká gás ho játá hai, wuh mushkil se galtá hai pání men ki jisse kache nisháste ká rang nafarmáni ho játá hai. Usse jild bhúrí ho játí hai magar wuh rang fauran játá rahtá hai. Wuh nabatáti rangaton ko bígar detá hai, misl dilute chlorine ke aur qarib qarib waisihí bú rakhtá hai. Hydriodate of potash bítshá detá hai raskafúr ko ek carmine yane mahawar surk rangat ká aur acetate of lead ko ek achche zard rang ká.

### PHOSPHORUS.

*Alámateñ*.—In kí bhí misl alámateñ mujtameh hamúsiyát ke hotí hain mai aise ek garam zaiqe ke ki goyá lahsan munh men

to occasion death.

*Treatment.*—No specific antidote is known; but vomiting should be excited by large draughts of water mixed with magnesia. Oil and fatty substances must be avoided, as they dissolve the phosphorus.

#### *Tests.*

If phosphorus, or the rejected contents of the stomach after it has been taken, be boiled in a retort, (having its beak under water) with a solution of caustic potash, phosphorated hydrogen gas is formed, which explodes with a green flame as soon as it reaches the surface of the water.

### IRRITATING POISONS.

Such as colocynth, hellebore, scammony, meadow saffron, elaterium, savine, squills, gamboge, and euphorbium.

*Symptoms.*—The general effects of this class of poisons, are an acrid, pungent taste, with more or less bitterness; excessive heat; great dryness of the mouth and throat, with a sense of tightness in it; violent vomiting, and the efforts are continued, even after the stomach is emptied; purging, with great pain in the stomach and bowels; pulse strong, frequent and regular; breathing often quick and difficult; appearance of intoxication, the pupil of the eye frequently dilated; insensibility resembling death, the pulse now becomes slow, and loses its force, and death takes place. If applied externally, many of them produce violent inflammation of the skin with blisters or eruptions of pustules.

*Treatment.*—If vomiting has been occasioned by the poison, and the efforts are still continued, they may be rendered easy by large draughts of water or thin gruel; but if symptoms of insensibility have come on without vomiting, it ought immediately to be excited by the sulphate of zinc or some other active emetic, and after its operation, a strong purgative should be given. After as much as possible of the poison is got rid of, a very strong infusion of coffee, or vinegar diluted with water, may be given with advantage. Camphor mixed with aether may be taken frequently, and if insensibility be considerable, warmth, frictions, and blisters may be

chabáyá hai. Ek yá do grain iske mashhúr hain wáste már-dálne ke.

*Maáljah*.—Máksús zaharmohra is ká hanoz daryáft nahin hua, siraf magnesia miláyá huá pání men̄ bakasrat pilá kar qai kará-wen. Chúnki rogan aur charbídár chízon se phosphorus gal játá hai liházá un se parhez karáwen.

### *Shanákhī.*

Agar phosphorus yá mukhrij mawád medeh ko lekar ek bhubhke men̄ ki chonch uskí nál ki níche pání tak rahe hamráh ek ghole hue caustic potash ke josh karen to phosphorated hydrogen gás ban játá hai jis waqt ki wuh satah pání men̄ pahunchtá hai ek sabz shole ke sáth urh játá hai.

### IRRITATING SAMÚMIYÁT.

Misl hinzal, kuṭkí, sacmonia, záfrán, elaterium, sevine, janglí piyáj, usára rewand, aur euphorbium.

*Alámaten*.—Aksar tásírat is qism ke zahron kí yun hotí hain yané char chará tez mazá kam o besh talkhí máyal, garmí mutwá-tir, khushkí-i-dahan o halq mai malúm hone subkiyat ke, qai baśhiddat átí hai hattá ki medá khálí hone ke bäd bhí qai hí karne ká irádá jári rahtá hai. Dast áte rahtá hain mai dard medeh aur antariyon ke. Nabz tez aur baqáidah rahtí hai. Sáns jald aksar diqqat ke sáth átā hai, súrat madhoshí kí sí ho játi hai, patlí-i-chasm aksar farákh ho játi hai aisí hálát men̄ nabz kí táqat záyal ho kar wuh sust paṛh játi hai aur maut á játi hai. Agar un men̄ se koí badan par lag jáwe to sozish jild paidá kartí hain mai áblon aur phunsiyon ke.

*Maáljah*.—Agar babáis kháne zahar ke qai átí hon̄ aur ji matláná rahe to pání aur pích bakasrat pilákar tiskín den. Agar alámat behoshi bilá qai ke numáyan hon̄ to fauran sulphate of zinc yá kisí aur adwíyah tez qaiawarse qai karáwen, aur bäd is amal ke ek tez julláb den; bäd infarág-i-zahar hattul imkán ek tez khisándah qahwá yá sirká ṭapkáe hue pání ke sáth dewen to faidah bakshégá. Kásfúr hamráh ether ke aksar dewen, aur agar behoshi tasauwar ho to senken, málísheñ aur blister lagáwen; agur sozish yá koí aur khatarnák bajs láhaq howe to un ká jíjí mamúlí kareñ.

employed. If inflammation or any other dangerous consequences ensue, they are to be treated in the usual manner.

*Remember*

That plants whose flowers have five stamens, one pistil, one petal, and whose fruit is of the berry kind, may at once be pronounced as poisonous. The umbelliferous plants which grow in water are mostly poisonous, and such as have the corolla purple and yellow may be suspected of being so.

NARCOTIC POISONS.

Such as belladonna, datura, nux vomica, digitalis, henbane, camphor, opium, coccus indicus, and tobacco.

*Symptoms.*—If taken into the stomach, or applied to a wound, occasion stupor, numbness, heaviness in the head, a desire to vomit, slight at first, but afterwards unsupportable, a sort of intoxication, pupils of the eyes dilated, furious or lively delirium, sometimes pain, convulsions of different parts of the body, or palsy of the limbs. The pulse is variable, but at first generally strong and full, the breathing is quick, and there is a great anxiety and dejection, which, if not speedily relieved, soon ends in death. When nux vomica, or its active principle strychnia, has been taken in an overdose, it produces symptoms very similar to lockjaw, but which have a much more rapid progress than either idiopathic or traumatic tetanus, and require the immediate use of the stomach pump to save life. Iodine, chlorine, and bromine have lately been considered antidotes.

*Treatment.*—The stomach to be well evacuated by giving four or five grains of tartar emetic, or from ten to thirty grains of the sulphate of zinc, and repeating it every quarter of an hour, till the full effect is produced; this may be assisted by tickling the throat with a feather or the finger. Large and strong clysters of soap dissolved in water, or of salt and gruel, should be speedily administered, to clear the bowels, and assist in getting rid of the poison, and active purgatives may be given after the vomiting has ceased. When as much as possible of the poison has been expelled, the patient may drink alternately, a teacupful of strong infusion of coffee, and vinegar diluted with water. If the drowsiness, which

*Yaddash.*

Ushjár ki jin ke phul pánch stamens, ek pistil, ek petal, ke se hote hain, aur jin ká phal qism berry ká sá hai weh mashúr zahrílí hain. Umbelliferous yáne chuttedar ushjár jo ki pání men paidá hote hain niháyat zahrílí hain, aur małhsús jin kí ki rangat corolla, nafarmáni aur zard hote hain weh bhí waise hí shúmár kiye jáwen.

SAMÚMYÁT MANUSHSHAH.

Misl belladonna, dhatura, nux vomica, digitalis, henbane, kafür, afyun, coccus indicus, aur tambákú.

*Alámaten*.—Inko kháne aur zaķham par lagáne se malum honá behoshí, sun-i-jism, bháripán sir ká, tawajjah basu í qai, subkiyat, ibtidá men bháripán, anjám men ek qism ke madhoshí, puttli-i-chashm farákh. Ghazabnák yá tez hizyán, baze waqt dard tashan-nuj, mukhtalif atráf-i-badan men, yá maflúje-i-azá malum detí hain, nabz mutabaddil, lekin ibtidá men tez aur pur. Tanaffus-i-jald, bare udási, aur mughmumí. Agar in alámaten ko fauran tiskín na den to anjám bahalákat hogá, jab ki nax vomica yá uská tez strychnia be andáz kliyáyá hai to us se alámaten misl jábrah band ho jáne ke paidá hotí hain jo ki jald taraqqí pakar játe hain manind idiopathic yá traumatic tetanus ke se aur matlúb hotá hai fauran ámal stomach pamp bacháne ko zíst. Iodine, chlorine aur bromine chand roz se inke zaharmohra bhí tasawwur kiye gae hain.

*Maǵljah*.—Medá ķhálí karne ke wáste chár yá pánch grain tartar emetic yá das se tís grain tak sulphate of zinc mukarrar o sikarrar pao pao ghanṭe ke bād dewen, hatta ki unká asar paidá ho. Is ámal kí ianat ke wáste halq ko bazariyah par yá unglí ke gúd gúdá-wen, bare aur tez pichkáriyán sá bun ghule hue pání yá namak aur pích ke bawáste safai-i-uma o bamadad fári gh karáne zahar se dewen, aur bād infarágh-i-ámal qai ke, tez jalláb den. Wab ki hattul-imkán zahar nikal gayá hai tab maríz ko cháh ká piyálá bhará huá ķhisándah qahwa aur sirká tapkayá huá hamráh pání ke piláwen; agar ķhumári joki baze waqt ziyádah rahtí hai aur behoshí mai sakta to unká iláj yup aur guram ghusal se na kareñ balki ķhún

is sometimes extreme, and the insensibility bordering on apoplexy, be not remedied by these means, and by the tepid bath, blood may be taken from the jugular vein, blisters may be applied to the neck and legs, and the attention roused by every possible means. If the heat of the body declines, warmth and friction must be perseveringly used.

Vegetable acids are on no account to be given before the poison is expelled, and it is desirable that but little fluid of any kind be given, as it promotes the diffusion and absorption of the poison.

### POISONOUS MUSHROOMS.

*Symptoms.*—Exhilaration of spirits, laughter, vertigo, heat and pain in the stomach and bowels, with vomiting and purging; thirst, convulsions, faintings, pulse small and frequent, delirium, dilated pupil, stupor, cold sweats, and death.

*Treatment.*—The stomach and bowels to be first cleared out by tartar emetic, followed by frequent doses of glauber's or epsom salts, and large stimulating clysters. After the poison is evacuated, æther may be administered, with small quantities of brandy and water; but if inflammatory symptoms ensue, they must be treated in the usual manner, instead of giving stimulants.

#### *Test.*

It is said that when you sprinkle a little salt on the spongy part of the mushroom, if it turns yellow it is poisonous, if black it is wholesome.

### POISONOUS FISH.

*Symptoms.*—In an hour or two, or often in a much shorter time, after stale or poisonous fish has been eaten, a weight at the stomach is felt, with slight vertigo and headache, and a sense of heat about the head and eyes, with considerable thirst, often an eruption of the skin, called "urticaria," and in some cases, death.

*Treatment.*—An emetic should be speedily given, or in the absence of it, vomiting may be excited, by tickling the throat with a finger, and taking large draughts of warm water. After full vomiting, an active purgative should be given, to remove any of the noxious matter that may have found its way into the bowels.

habl-úl-waríd se lewen. Blister gardan sur tágeng par bándheg aur tawajjah har ek mumkinat taríq par malhús rakkhéñ agar garmí jism kam ho jáwe to garam senk aur málisht tawátár ámal men láwen.

Nabatátí tezáb qabalaz nikal jáne zahar ke kísí hálat men bhí na deñ kyonki yih bát zarúr hai ki agar qadre bhí páni kísí tarah ká díyá jáwegá to intashár aur juzbeyat ko ziyádah karegá.

### ZAHRÍLÍ KHUMBHÍ YÁ ZAMÍN KÁ PHUL.

*Alámaten*.—Inkisháf-i-azm, hañsí, ghirní, garmí, aur dard medeh aur amá men hotá hai mai qai aur daston ke, tishnagí, tashannuj, ghashí malum huá karte hain, nabz mumtalí tez hisyán farákh honá puttliyon ká, behoshí, sard pasíne ká ána jin se maut wáqa hotí hai.

*Maáljah*.—Medeh aur rodon ko awwal bazariah tartaremetic bádhú aksar miqdáron glauber's yá epsom salts aur bare qábiz o muttharrik pichkáriyon se sáf karen bád nikal jáne zahar ke æther hamrah qalil miqdáron brandy aur páni ke dewen. Agar aláamat sozish namudar hon to unká iláj bataur māmúlí bajáe dene adwiyat muqawwí ke karen.

### Shanákhí.

Kahte hain ki qadre namak agar tar khumbhe par dálen aur wuh zard ho jáwe to zahrílí hai, agar siyáh ho jáwe to achhí hai.

### ZAHRÍLÍ MACHHLÍ.

*Alámaten*.—Ek yá do ghanṭe yá thoṛí hí der men bád azán basí yá zahrílí machhlí kháne ke, giráne i medeh, ḥafṣí għirni, daurán-i-sir aur malum honá garmí ká, sir aur áñkhon men mai tishnagí-i-musfrít, aksar ukhar jáná jild ká jis ko urticaria kahte hain wáqa ho kar maut á jaṭí hai.

*Maáljah*.—Fauran emetic ke sáth qai karáwen, darsúrat na hone emetic ke garam páni bakasrat piláke aur halaq ko unglí se gud gudá kar qai karáwen. Bád azán baḥkúbí qai ke ek tes julláb ba-wáste rafa ḥaráb medeh ke ki jo rodon men daħħil ho gayáha dewen. Sirká aur páni bád maálját maskúrain piláke ámal men á chuká hai

Vinegar and water may be drank after the above remedies have operated, and the body may be sponged over with vinegar and water. Water made very sweet with sugar, to which æther may be added, may be drank freely as a corrective, and a very weak solution of alkali has been recommended to obviate the effects of the poison. If spasms ensue after evacuations, laudanum in large doses is necessary. If inflammation ensues, it is to be treated in the usual manner.

### STINGS OF VENOMOUS INSECTS.

*Symptoms.*—In general the sting of these insects causes only a slight degree of swelling, but occasionally the symptoms are more violent, sickness and fever are produced by the intensity of the pain, leading occasionally even to death.

*Treatment.*—Hartshorn and oil may be rubbed on the affected part, and a piece of cloth, moistened in the same, or in salt and water, may be kept upon it, till the pain is removed. A few drops of hartshorn may be given in a little water, and a glass or two of wine or brandy and water may be taken. Immediate relief has been known by making a paste with ipecacuanha powder and water, and laying it on the part for some time. Should inflammation ensue, it is to be subdued in the usual manner.

### CANTHARIDES AND THE TELINI FLY.

*Symptoms.*—Nauseous odour of the breath, acrid taste, burning heat in the throat, stomach and bowels; frequent vomiting, often bloody, with copious bloody stools, excruciating pain in the stomach, painful and obstinate priapism, with heat in the bladder, and strangury or retention of urine, frightful convulsions and death.

*Treatment.*—Vomiting to be excited by drinking sweet oil, sugar and water, milk, or linseed tea, very freely. Emollient clysters should be administered, and if symptoms of inflammation of the stomach, kidneys, or bladder should come on, they must be subdued promptly in the usual manner. Camphor dissolved in oil, may be rubbed over the abdomen, and on the thighs, and the warm bath should be given.

piláweñ aur jism ko sirke aur pání se nam karen. Pání shakar se niháyat shirin kar ke us men æther miláke bakhúbí piláyá jáwe jaisá ki musleh aur ek halke solution alkali kí bhí ijézat hai wáste rokne tásírat zahar ke. Agar daston ke bäd mārōrá bhí ho to bare miqdáron men laudanum ká dená zarúr hai. Agar sozish paidá ho jáwe to iláj us ká māmúlí karen.

### NESII ZAHRÍLE KIRON KÁ.

*Alámaten*.—Amúman nesh in kiron ká siraf ek khafif si sujan paidá kartá hai, magar baze auqát alámat ziyádatar shadid hote hain. Basabab shiddat dard ke kusal mände tabiyat aur tap paidá hotí hai jisse baz auqát maut wáqa hotí hai.

*Maáljah*.—Hiran ká síng aur tel muqám-i-nesh par lagáya jáwe, aur ek tukrá kapre ká us men yá namak aur pání men tar karke ta rafá hone dard ke us muqám par rakká jáwe, chand qatrah shákháhú ke qadre pání men dí jáwen, aur ek yá do glass sharáb ke yá brandy aur pání ke pilae jáwen; bařá faidah mälüm huá hai ipecacuanha pise hue aur pání se poultice banákar muqám-i-nesh par kuch der rakhne se. Agar sozish wáqa ho to dafiya us ká bataur māmúlí ámal men áwe.

### CANTHARIDES AUR TELINÍ MAKKHÍ.

*Alámaten*.—Makrúh bú dam ke sáth talkhí záiqá, jalan-i-halaq, medeh aur rodon ke, dambadam áná qai ká, aksar mai khún ke sáth bare bare daston lahú ke, dard medeh pechish ke sáth, pur dard aur shadid istádgí mai garmí-i-masána ke, habas-ul-bol, haulnák shannuj, aur á jáná maut ká.

*Maáljah*.—Míthe tel shakkar aur pání, dúdh, alsí kí cháh piláne se bakasrat qai karáwen, mulayyan pichkáriyán istamál men láwen. Agar alámát sozish-i-medeh gurdah aur masánah kí páí jáwen, to dafiya unká bajaldí tamám bataur māmúlí karen, káfür tel men hal karke pet aur ránon par maleñ, aur garam pání men biṭháwen.

## BITES OF POISONOUS SERPENTS.

*Symptoms.*—A sharp pain in the wounded part, which extends over the limb or body: great swelling; at first hard and pale, then reddish, livid, and gangrenous in appearance; fainting, vomiting, convulsions, and sometimes jaundice; pulse small, frequent and irregular; breathing difficult, cold sweats, the sight fails, and the intellectual faculties are deranged. Inflammation and often extensive suppuration and gangrene, followed by death.

*Treatment.*—A moderately tight ligature to be applied above the bite; next let the bitten part be removed with the knife, and the wound allowed to bleed, after being well washed with warm water. The actual cautery, caustic, or the butter of antimony may then be applied freely to it and afterwards covered with lint dipped in equal parts of olive oil and spirits of hartshorn. The ligature to be removed if the inflammation be very considerable. Warm diluting drinks, and small doses of ammonia or hartshorn to cause perspiration; the patient to be well covered in bed, and a little warm wine given occasionally. If gangrene be threatened, wine may be given more freely combined with quinine. Arsenic has been strongly recommended. The application of the cupping glass immediately after the bite, or sucking the wound, might be very serviceable.

*Observe.*

Poisonous snakes have tubular fangs, but only one row of teeth on each side of the upper jaw, while the innocent tribe have two.

## TREATMENT OF DROWNED PERSONS.

Commence inflating the lungs immediately after the body is out of the water, and continue perseveringly as long as it retains any warmth, and while the limbs are flexible. Press back the larynx, close both nostrils, and blow forcibly your own breath into the lungs through the corner of a handkerchief, which you have laid over the mouth; as soon as you can procure a pair of bellows, close the mouth and one nostril, and blow through the other, still press-

## KÁTNÁ ZAHRÍLE SÁNPON KÁ.

*Aláma/en.*—Dard shadíd muqám zakhmón men hotá hai, aur wuh tamám už ya jism men jald phail játá hai. Sújan bakasrat ibtidá men sakht aur zard, bádizán surkh aur nílā, aur saran záhiran málum detí hai, ghisýán, qai, tashannuj aur baz auqát yarqán hotí hai. Nabz bárík, mutharrík aur beqáidah ho játí hai, tanafus dushwár aur sard pasína átā hai, quwwat básirah záil ho játí hai, aur hosh-o-hawás men farq á játá hai, sozish aur aksar baifrát áná rím ká, aur saran ho kar iske bád ádmí mar játá hai.

*Maáljah.*—Jis jagah sánp ne kátá ho uske úpar ek band baatidál khench kar bándhá jáwe, aur bád izán wuh muqám chhurí se kát diyá jáwe, aur bádhú zakhm ko bakhúbí garam páni se dho kar us men se khún járí rahne den; bád iske dágħ caustic, makkhan antimony ká us par lagáyá jáwe, aur bád izán lint roghan zaitún aur muqattar sharáb híran ke síng ke hamwazan men bhigokar us muqám par rakkhen. Agar sozish bahut ho to bandish ko mauquf karen, ashrúbah garam aur muktisir mautáden ammonia yá hiran ká síng wáste pasína láne ke dewen, aur maríz ko bistar par achchhí tarah kapron se dhánken, aur kabhlí kabhlí thoří garam sharáb den. Agar saran ká andesha ho to sharáb ko quinine men milákar bakasrat piláwen. Sankhiyá balki niháyat munásib tajwíz kiyá gayá hai, lagáná bharí huí singion ká bafaur kátne sánp ke yá chúsna zakhm ká bahut mufid hogá.

### Tahqiqát.

Zahríle sánpón ke dánt misl nalí ke hote hain, magar sirf ek qatár úpar ke jabron men, jo ki gharib qaum sánpón ke har do jánib hote hain.

## MAÁLJAH DÚBE HUE ASHKHÁSON KÁ.

Dam ká phúlná phenpré men shurú ho játá hai bád nikalne nash ke páni se báhar, aur tawátúr járí rahtá hai kisi tarah kí garmí pahunchne tak aur azáe us ke qabil jumbish rahtí hain. Larynx yané kág ko pichhe ko dabá kar donoں nathnoں ko bhinch kar apne sáns ko bazaar andar phenprón ke ek rúmál ká koná uske munh par rakh ke pahuncháwen. Jis qadar jald ho sake ek jorá dhaunkniyon ká baham pahunchákar munh aur ek taraf ke nathne ko bhinchkar

ing back the larynx or wind-pipe. Having distended the lungs fully, press on the chest, so as to empty the lungs; do this alternately, imitating natural respiration. Remove the neckcloth, *cut off* the wet clothes, rub the body dry, apply dry heat in every possible way, such as hot sand or bricks, bottles of boiling water, &c., as soon as you can get the body into a house, carrying it on a door or plank of wood, with the head raised. If the glottis be spasmodically closed, you must use the tracheal tube to inflate it, and if oxygen gas could be procured, it would be more efficient. Stimulants may be got into the stomach, by means of a flexible tube, till the person can swallow. Clysters of mustard with salt or brandy and water may be thrown up. Bleeding cautiously might relieve the congestion on the right side of the heart. Electricity might be tried, passing gentle shocks through the heart, the body being insulated, by placing it on a shutter or door, supported by quart bottles, perfectly dry on the outside. Frictions are of doubtful efficacy, if they urge venous blood on to the heart, which is already oppressed. Tracheotomy may be performed, if other means fail in distending the lungs. Tobacco in any form is very injurious.

#### TREATMENT OF PERSONS SUFFOCATED BY CARBONIC ACID GAS, HYDROGEN OR NITROGEN GAS, EXHALATIONS FROM PRIVIES, &c.

If the body retains its heat, expose it to the air, and dash cold water over the head, neck and breasts. The lungs should be inflated, the nostrils stimulated, and if the veins of the neck appear full, some blood may be removed from them. If the temperature of the body be below the natural standard, heat must be applied instead of cold. Frictions may also be useful.

#### TREATMENT OF STILL-BORN CHILDREN.

The lungs must be perseveringly inflated by means of a quill, or a small female catheter; the heat kept up by the application of warm flannels, or immersion in warm water. Stimulants may be applied to the nose and pit of the stomach, and gentle friction

dúsre men se phúnken, magar kág yá sáns ánewálí nalí ko pichhe ko haṭákar. Phenpre ko tamám o kamál phulákar bawáste khálí karne phenpron ke chhátí ko dabáwen. Yih ámal mukarrar o sikarrar wáste andar jane aslí sáns ke karen. Guluband khol dálen, tar kapre kádálen, khushk badan ko malen. Khushk chízen garam kí huí misl garm ret, yá ínten aur botlen joshindah pání waghairah ke se jis waqt ke násh ko ghar men le jáwen usí waqt badan par lagáwen. Usko kisí kewar yá lakrí ke takhte par sir únchá karke le jáwen. Agar glottis akráhat se band ho jáwe to tum ko lázim hai ki tracheal nalkhare se us ko phunken. Aur jo oxygen gas mayassir áwe to khúb mufid hai. Mutharrik chízen bazariah lachakdár nalí ke medeh men pahuncháwen jab tak ki ádmi nigal sake, pichkáriyán ráí kí hamrah-i-namak yá brandy aur pání ke dení cháhiyen. Fasd bahoshyári karen jis se ki itráf-i-dahní taraf dil ko áram pahunchhe. Electricity ká bhí imtahán bazariah kháffí sadmen pahuncháne se dil ko karen, jism ko árásteh karke yane ek kíwár par rakh ke botlon ká salárá dekar beruní badan ko khúb khushk kar den. Málishen men shubah hai tásír karne ká, agarchi we tahrík detí hain ragon ke khún ko dilke jo ki abhí thahar gayá hai. Tracheotomy ámal karen agar kisí aur taur se ná phulen. Tambákú bahar noa muzir hai.

### MAÁLJAH UN SHAHKHSON KÁ JIN KÁ KI DAM RUK GAYÁ HAI CARBONIC ACID GAS, HYDROGEN YÁ NITROGEN GAS, EXHALATIONS PAKHÁNE WAGHAIRAH SE.

Agar jism men kisí un chizon men ki garmí hai to hawá men rakkhen aur thande pání ke tarere sir aur sínah par den. Phenpre phule húe hon, nathne jarí hon, aur agar rageñ gardan kí pur māhím hon to qadre khún un men se lewen. Agarchi garmí i jism bamujib itadal mizáj ke kam ho to bajai sardí ke garmí lagáwen. Málisheñ bhí mufid hongí.

### MAÁLJAH SISAKTE BACHCHE PAIDÁ HONE KÁ.

Lázim hai ki phenprop ko mutwátir phuláwen bazariah par yá chhoté zanáne cathíter se, bazariah garam paṭuon yá garam pání men ghote lagáne se garm rakkhen. Mutharrik chízen nák aur qar medeh par lagái jáwen, aur kháffí málisheñ bhí karen, yih iláj pápeh yá

should be used. These remedies should be continued for five or six hours.

#### TREATMENT OF PERSONS STRUCK BY LIGHTNING.

Inflate the lungs as soon as possible, apply stimulants, more particularly *gentile* electrical shocks passed through the chest and along the spine; keep up the temperature of the body by external heat, and get warm cordials into the stomach, by means of the stomach-pump.

#### TREATMENT OF PERSONS WHO HAVE BEEN EXPOSED TO INTENSE COLD.

First use gentle friction with snow or ice water, or if these cannot be procured, the cold bath may be used, and whilst the person remains in it, small quantities of warm water must be added very slowly, so as to increase the heat gradually. The lungs are to be inflated. Warm wine, or any other warm fluid to be given, very cautiously at first, and solid food must not be given for many hours after recovery.

#### TREATMENT OF PERSONS HANGED.

Remove the ligature as soon as possible, and act as if it was a drowned person, with the exception in this case of opening the jugular vein, and removing if possible six or eight ounces of blood. Death is caused rather by suffocation than by apoplexy; therefore, the lungs should be supplied with air without delay.

#### TREATMENT OF PERSONS LABOURING UNDER THE EFFECTS OF LARGE QUANTITIES OF ALCOHOL, BRANDY, WINES, AND ALL SPIRITUOUS LIQUORS.

*Symptoms.*—Intoxication, and when taken too freely, complete insensibility, with apoplexy or paralysis of one side: the countenance is swollen, and of a dark red colour; the breathing is difficult, and often stertorous, with a peculiar puffing out of the lips; the breath smells of liquor, which will distinguish the symptoms from those of spontaneous apoplexy. If the pupils of the eyes are dilated and fixed, recovery seldom takes place,

chhah ghanṭe tak járí rakkhen.

### MAĀLJAH BIJLÍ ZADAH KÁ.

Phenpron ko phunkná cháhiye aisá jaldi jaisá ki mumkin ; mutharrik chízen lagání cháhiyen, makhsús khafif electrical sadma guzárne cháhiyen chhátí aur darbáb sulb ke, garmí jism kí bachání cháhiye bazariyah beruní garmí ke, aur garam mufarrah-ul-qalb chízen ba-wasile stomach-pump ke medeh men pahuncháwen.

### MAĀLJAH SURDÍ ZADEH KÁ.

Ibtidá men baraf yá baraf ke pání se málish karen ; agar yih báham ná pahunche to sard pání men biṭháwen. Asnáe is amal ke qadre, qadre garam pání bawáste ziyádah karne garmí ke áhisté áhisté miláte rahan, phenpron ko phuláte rahan. Garam sharáb yá koí aur garam raqíq chíz bhí dete rahan bahut khabardári se ibtidá men, aur sakht ghizá achche hone ke bád kitnehí ghanṭon ke na den.

### MAĀLJAH PHÁNSÍ YÁFTAH KÁ.

Bandish ko fauran dúr karke wuhí ámal kám men láwen jaisá ki dûbe hue ádmí ká; makhsús is hálat men habl-ul-waríd kholkar chhah yá áṭh ounce khún lewen, maut láhaq hotí hai ziyádahtar dam ghuṭne se, banisbat sakta kí liházá phenpron ke bilá támul hawá pahungeháwen.

### MAĀLJAH MARÍZÁN MOASSARAH BEANDÁZ ALKOHOL, BRANDY, SHARÁBEN, AUR TAMÁM MUQATTRAT SHARÁBON KE.

*Alámateñ.*—Madhoshí hotí hai aur jab ki bakasrat piye hain bilkul behoshí ho játí hai mai sakteh yá fálij kísí ek itráf ke. Chehra suj játá hai aur siyáhí chhá játí hai. Diqqat-i-tanafus aur aksar stertorous yanekharkhara sáth ek makhsús bhambhráhaṭ honṭon ke. Sáns men se sharáb ki si bu átí hai jise ki tamíz khudrau paidá hone sakteh kí hogí. Agar putlí-i-chashm farákh aur baith jáwen to shafá páná sház hai.

*Treatment.*—A powerful emetic of sulphate of zinc or tartar emetic should be got into the stomach as soon as possible, and if the person has lost the power of swallowing, a flexible catheter or tube, should be the means of conveying it there. The vomiting should be encouraged as much as possible with warm water; and large active clysters of salt and water should be thrown up. The patient should be placed erect, and if the countenance and other appearances are not improved after these means have been used, the jugular vein may be opened, and cold wet clothes applied to the head, particularly if the body is hotter than natural. If the extremities become cold, warmth and friction should be perseveringly used.

*Maáljah.*—Ek tez qai sulphate of zinc yá tartar emetic fauran medeh men pahunchákár karáwen, aur agar táqat nígalne kí na ho to bazariah lachakdár cathíter yá nalí ke wahán tak pahuncháwen. Bawáste iánat qai ke garam pání jittá ki ho sake piláwen, aur bare tez namak aur pání ki pichkáriyáñ den. Maríz ko sídhá bitháwen, aur agar chehre par in ámaliyát se dalálat behtarí kí ná daryáft ho to fasd habl-ul-waríd kí len aur sard pání men tar kiyá huá kaprá sir par lagáwen makhsús us hálat men ki garmí-i-jism ziyádah hai nisbat asal ke. Agar dast o pá sard ho gae hain to senk aur málísh ká istamál karen.

P A R T V.  
ON  
DOMESTIC SURGERY.

B A' B P A N J A M.

---

DAR BA'B NASARJARI', YANE JARRA'HI' KE.

PART V.  
ON  
DOMESTIC SURGERY.

*Question.*—How is blood-letting generally effected ?

*Answer.*—Either by leeches, cupping or the lancet.

*Q.*—Which method on the whole has the advantage ?

*A.*—Cupping, because a certain quantity of blood can be obtained very quickly, and without exhausting the patient, and from any particular part whence it is desirable to be drawn.

*Q.*—When leeches come off, how is the bleeding to be encouraged ?

*A.*—By first sponging off any clotted blood there may be, and then covering the part with a warm bread and water poultice, which is to be changed every half hour, so long as you wish the blood to flow.

*Q.*—If a leech-bite should bleed for many hours, and the usual remedies fail in stopping it, what should you do ?

*A.*—Thrust a moderate size, thin needle into the skin, on one side of the bite, and bring its point out well on the other side; a piece of strong silk or thread is then to be tied or wound round it beneath the two ends of the needle; this generally stops the bleeding. After three or four days the thread may be cut, and the needle very carefully removed.

*Q.*—Should this however not stop the bleeding what should you then do ?

*A.*—Thrust into the bottom of the wound a bit of thin iron wire heated white hot, which has seldom been known to fail to stop the bleeding.

*Q.*—If the usual cupping instruments are not at hand what substitute would answer ?

*A.*—A small tumbler or tea-cup, a bit of lighted tow or paper, and a sharp razor or pen-knife ?

*Q.*—How is the operation to be performed ?

## BÁB PANJAM.

DAR BA'B NASARJARI', YANE JARRATHI KE.



*Sawál.*—Aksar khún kistaur se nikálte hain?

*Jawáb.*—Jonkon se, yá singí lagáne se, yá nashtar lagáne se.

*S.*—Sab men kaunsí tarkíb mufíd hai?

*J.*—Singí mufíd hai, isliye ki jis qadar khún nikálna matlúb ho is ki zariyai se jald nikal saktá hai, aur istaur se khún nikálne se bimár kamzor bhí nahín ho játá hai, aur jis muqám se khún nikálna manzúr hai wahí se nikal saktá hai.

*S.*—Jab joñken gir paren to ijrás khún kistaur se járí rakkha jáwe.

*J.*—Awal jo jamá huá khún ho us ko sponge se sáf kare, bádhú garam poultice rotí aur pání ke banákar usí muqám par bándh dewe, aur jab tak nikálna khún ká matlúb ho us waqt ádh ádh ghanṭe men us poultice ko badaltá rahe.

*S.*—Agar joñk ki dank se bahut arse tak khún járí rahe, aur māmúlí tadbíron se wuh khún band na howe to kyá iláj kare?

*J.*—Joñk ki dank lagne ke muqám ki ek taraf se jild men ek miyání bárík suí ghusá de, aur dúsri taraf so uská sirá nikále, us waqt mazbút resham, yá dore suí ke donoñ sire ki niche se bandhe yá lapete, aksar is tadbír se khún ruk játá hai, bád tín chár roz ke wuh dórá káti diyá jáwe, aur suí baihtiyát nikálá jáwe.

*S.*—Agar is tadbír se bhí khún na thambhe to kyá tajwíz amal men áwe?

*J.*—Zakhám ki niche ek bárík tár lohe ká is qadar garam kar ke ki wuh sufed ho jáwe wuh tár us men ghusá diyá jáwe, yih tadbír bahut kam khún ki rokneñ men kásir hotí hai.

*S.*—Agar singí lagáne ki māmúlí álat maújúd na howen to us kí jagah kyá tadbír, aur kis chíz se kám líyá jáwe?

*J.*—Ek chhotá sá ábkhorá yá piyalah cháh ká aur ek tukrá jalte hue san yá kágaz ká, aur ek tez ustarah yá kalam tarásh.

*S.*—In chízon se kyunkar khún nikálá jáwe,

**A.**—The lighted tow or paper is to be placed in the tumbler or tea-cup, and when warm, and the air rarified, it is to be turned down on the skin; when the skin so covered becomes red or purple from the congested blood, the cup must be taken off, and the skin scarified with the razor or knife, after which the cup or tumbler is to be put on again as at first and renewed according to the quantity of blood required.

**Q.**—Where is bleeding with a lancet commonly performed ?

**A.**—At the bend of the elbow, and sometimes, though very seldom, on the top of the foot.

**Q.**—Is there any danger to an unpractised person in bleeding at the elbow ?

**A.**—Yes, very great danger of wounding an artery at the time of opening the vein.

**Q.**—How do the veins of the arm generally run ?

**A.**—Along the arm, and upon its outside, runs a large vein from the root of the thumb up to the shoulder; and on its inner side another of equal size from the little finger into the arm above the elbow. A third vein of nearly equal size makes its appearance at the top of the forearm, just below the elbow, and very soon divides into a fork, one branch of which turns to the inner vein, and the other into the outer vein just above the bend of the joint.

**Q.**—Which is the proper vein to be opened ?

**A.**—The outer branch of the middle vein.

**Q.**—Before opening this vein, what should you always do ?

**A.**—Put the point of my finger on it and ascertain if there should be an artery under it, which may be known by its pulsation ; should there be an artery there, and no other vein visible, I must then open it with the greatest caution.

**Q.**—Why should you not bleed in the inner branch of the middle vein ?

**A.**—Because the great artery of the arm runs close behind it generally.

**Q.**—How would you proceed to open a vein at the bend of the arm ?

*J.*—Jaltá huá san yá kágaz us ábkhorah yá piyálah cháh men rakhe, jis waqt wuh bartan garam ho jáwe aur us ke andar kí hawá latíf ho jáwe us waqt us bartan ko jism par ulaṭ de, jis waqt ki us ke andar kí khál surkh yá argawání basabab congested blood yané munjamid hone khún ki ho jáwe us waqt wuh bartan utár liyá jáwe aur us tarah yá qalam tarásh se khál men shigáf diyá jáwe, bád us ke piyálah yá ábkhorá badastúr sábiq phir dhánp diyá jáwe, aur isí tarah mutwátir kartá rahe, jab ki khún bamiqdár matlubah nikal jáwe.

*S.*—Kis muqám par khún bazariāh nashtar nikálte hain.

*J.*—Kohne ke kham par se, aur panjah ke pañw ke upar se agar-chi yahán ká khún bahut kam nikálá játá hai.

*S.*—Agar koí fasd lene men muhárat na rakhtá ho wuh shákhs kohní par fasd lewe to kuch jáe andeshá to nahiñ hai?

*J.*—Albattah bahut andeshá hai ki shayad barwaqt lagáne nashtar ke rag par kahin̄ shiryan par zañham na ho jáwe.

*S.*—Ragen̄ kis tarah se wáqá hain?

*J.*—Báñh ke upar se niche tak aur báhir kí taraf báñh ke ek barí rag anguñthe kí jaṛ se kandhe tak hai, aur báñh ke andar kí taraf ek aur rag usí qadar barí angúsht khinsar se kohní tak hai, aur ek tíarí rag tákhemínán usí qadar bare aur agle háth ke upar kohní ke niche hí namúdár hai, aur wahán se age uskí do shákhs ho gaip hain, ek shákhs to andar kí rag kí taraf aur dúsri basimt báhir kí rag ke upar us muqám ke, ki jahán ká joṛ wáqá hai.

*S.*—Kaunsí rag ká kholná wájib hai?

*J.*—Bích kí rag ke bahar kí shákhs ko kholá jáwe.

*S.*—Qabal az kholne is rag ke kyá kíyá jáwe?

*J.*—Apní unglí ke sire ko us rag par rakkhe aur daryáft kare ki us ke niche koí shiryán bhí hai, honá shiryán ká bazariāh harkat us shiryán ke tamíz ho saktá hai, agar wahán shiryán maujúd ho aur koí dúsri rag wahán záhir howe, us súrat men baahtiyát tamám us rag men fasd li jáwe.

*S.*—Bích kí rag ke andar kí shákhs men fasd kyup nahíp kholte?

*J.*—Is liye ki báñh kí barí shiryán báñh men upar se niche tak aksar píchhe us rag ke wáqá hotí hai.

*S.*—Jis muqám par ki báph men kham waqá hai, wahán kí fasd kyunkar kholí jáwe?

**A.**—I should take a piece of broad tape or ribbon, and turn it twice round the arm, a hand's breadth above the elbow, and tie its ends in a bow knot, so that I might easily loosen it.

**Q.**—What is the object of thus binding the arm ?

**A.**—To prevent the return of the blood, and make the veins swell, and jut well up.

**Q.**—Having applied the bandage, what else would you do ?

**A.**—I should take hold of the forearm, and apply the palm of my left hand and fingers just below the elbow, and pass my thumb over the outside, so that its tip might lie upon the vein to be opened, and by slightly pressing prevent its rolling. I should then hold the lancet between the thumb and forefinger of the right hand, turning its scales or covering forwards, to be out of the way. My other three fingers of the right hand are then to be gathered together, and rested on or near the left thumb, so as to form a rest for the forefinger and thumb holding the lancet, the point of which being brought down to the skin, is made to pierce it and the vein together, with a swinging motion upwards, upon which the blood would immediately flow out.

**Q.**—When the required quantity of blood is taken, what would you do ?

**A.**—Untie the tape, cleanse the wound with a sponge of any blood, and fasten a pad of folded cloth three or four times doubled over it with a bandage in shape of a figure of 8, taking care not to tie it too fast.

**Q.**—What objection is there to fastening the bandage very tight ?

**A.**—The blood could not pass through the unwounded veins which would swell, and the blood would then burst open the vein that had been closed.

**Q.**—If you wanted to open a vein in the foot, how would you proceed ?

**A.**—I should tie a garter tightly round the leg, immediately below the knee, and when the veins had swollen I should open the largest of them on the top of the foot, making the incision lengthways.

**Q.**—When you had taken sufficient blood from your patient, how would you stop the bleeding ?

J.—Ek tukrā chauré niwáár yá fíte ká lekar báñh men aur ek háth ke fásle par upar kí taraf niche ko do pher dekar bándhá jáwe, aur us ke donon sire par ek girah bonoṭ yané dērh girah lagái jáwe taki baásání dhfisi ho sake.

S.—Is tarah báñh ke bándhne se kyá fáidah hai?

J.—Taki khún ulat kar na jáwe, aur rag phul na jáwe, aur khún achchhí tarah se nikle.

S.—Báñh bándhne is band ke phir kyá kiyá jáwe?

J.—Agle háth ko pakarle aur báep háth kí hathelí aur ungaliyán níche kohní ke lagá de, aur angúthe se báhar kí taraf dabáwe, is taur se ki uská sirá us rag par wáqa howe ki jis ká kholná manzúr hai aur zará us ko dabá de ki us muqám par se dhaklak na jáwe, us waqt dahne háth men darmiyán angúthe aur angusht shabbábe se nashtar ko pakre aur us kí donon dhakne ko donon taraf se khol de aur báqí tñ ungaliyán dahne háth kí jama karke úpar yá nazdik báen háth ke angúthe ke lagái jáwen, yá ki angusht shabbábe aur angúthe ke wáste ki us men nashtar hotá hai sahárá ho jáwe aur us nashtar kí nok pás post ke lákar us post aur rag ko ek hí dafah shigáf diyá jáwe aur upar kí taraf us nashtar ko harkat dekar nikále, taki khún jald nikalne lage.

S.—Jab ki khún bamiqdár matlúbab nikal áwe us waqt kyá kiyá jáwe?

J.—Us fíte ko khol dále aur sponge se khún jo lagá ho sáf kare aur ek gaddí men chár tah kapre kí kar ke ek patí se bashakl hindse angrezi áth ke us jagah par bándhe, magar ihtiyyat rakkhe ki bahut khinch kar na bandhe.

S.—Us patí ko zor se bándhne men kyá haraj hai?

J.—Taki khún unhiṇ ragon men na utr jáwe jin ko shigáf nahin diyá gayá, wuh ragen phul jáwengí aur is sabab se khún us rag ko jo band kí gaí hai phir phár degá.

S.—Agar kholná fasd ká panw men markúz ho to kyá kiyá jáwe?

J.—Rán ke niche ek patí khinch kar táng men bándhí jáwe, sur jab ragen phul jáwen to us waqt sab se barí rag jo panw ke upar ho us men nashtar lagáyá jáwe magar shigáf lambái men diyá jáwe.

S.—Jab kí bimár ká khún hasb miqdár zarúrí nikal jáwe us waqt khún kistarab band kiyá jáwe?

*A.—I should take the garter off, let my patient lie down at full length, and close the wound with a pad of lint and a strip of sticking plaster.*

#### HOW TO PUT ON A ROLLER OR BANDAGE.

*Question.—How would you roll a leg?*

*Answer.—I would take a single headed roller in my right hand holding its circumference between my thumb and fingers, and lay its loose end on the top of the foot at the root of the toes, and fix it there with the thumb of the left hand, whilst the roller itself is carried beneath the sole and round the foot, and twice or thrice round in the same place till it gets a hold on the foot. The roller is then to be turned round and round the foot towards the heel, each turn half covering the former one, and as the roller passes beneath the foot, I take it from the right to the left hand, and then as it passes over the foot, from the left to the right hand again. Having arrived at the instep, I now carry the roller round the ankle, make it descend to the opposite side of the foot from which it had been brought, pass it beneath the sole, and then carry it round the ankle again. The roller is then to be turned round the leg, each turn half covering the former, and delivered from hand to hand alternately, from within to without, or from without to within, according to which leg I may be rolling. This is to be continued till I reach the calf of the leg, when the bandage must be reversed to make it lay flat.*

#### HOW TO ROLL THE THIGH.

This is merely continuing to roll spirally from above the knee to the groins, having reached which the two or three last turns must be tacked together, and then a turn or two made round the hips, and these tacked to the roller on the thigh, so as to prevent it slipping down.

#### HOW TO ROLL THE FORE-ARM ALONE, OR THE UPPER ARM ALSO.

It is generally only begun at the wrist, and rolled upwards, but if the fingers and hand become puffy and uneasy, as they some-

J.—Us patti ko khol díyá jáwe, aur bimár ko pánw phailáke lít̄ díyá jáwe, aur zakham ko bazariah ek gaddí lint kapre kí aur ek pháah marham sticking plaster kí bándh díyá jáwe.

### TARKÍB BÁNDHNE ROLLER YÁ PATTÍ KÍ.

S.—Táng par kis tarah roller bándhen ?

J.—Ek roller ki jis ká ek sirah khulá ho dáhne háth men pakre sur us ke guláí ko angúthe aur unglíyon ke bich thámbose aur uská khulá huá sirá pánw ke úpar ungúthe kí jaṛ men lagá de us waqt us ko báín háth ke ungúthe se us maqám par saháre, aur us roller ko talwe ke níche aur pánw ke gird le jáwe aur usí tarak do tím lapet usí jagah men dewe jab tak ki pánw wuh roller khub mazbút pakar le bád uske us roller ko aiří kí taraf se pánw par káí lapet dekar bándhe, is tarah ki har lapet men pahlá lapet ádhá dabtá jáwe, aur jab kí roller pánw ke níche se guzre us ko dahní taraf se báín taraf le jáwe, aur jab ki pánw ke úpar ko áwe us waqt báín se dahní taraf ko phir pahuncháwe, us roller káí pushtqadam par pahunchákar takhnen ke gird le jáwe aur pánw ke sámne kí taraf se utáre, jahán se ki us ko pahle nikálá thá, bádhú talwe ke níche senikál kar phir takne par lapete, bád us ke us roller ko táng ke gird lapete is tarah ki har lapet men pahlá lapet ádhá dab jáwe, aur ek háth se dúsre háth men bári bári andar kí taraf se báhar kí taraf yá báhar kí taraf se andar kí taraf mutábiq mauqa táng ke, ki jis par roller bándhá jáwe us ko chhortá rahe, aur isí tarah lapettá rahe, jab ki táng kí pindlí tak pahunche, wahán se us patti ko ulaṭkar us ko barábar milákar bándh dewe.

### TARKÍB BÁNDHNE ROLLER KÍ JÁNG MEN.

Siraf pech dar pech ghuṭne ke úpar se us roller ko groin yáne jangáse tak bándhtá chalá jáwe, aur jab wahán pahunche do tím lapet pichhle tānk dewe, aur ek do lapet kúleh par bándhe, aur un ka roller ke sáth jáng men tānk dewe taki wuh níche ko ná phial jáwe.

### TARKÍB ROLL BÁNDHNE KÍ UNGLÍ PAR YÁ ÚPAR KÍ BÁNH PAR.

Bandish is kí aksar háth kí kaláí se shurú hokar úpar ko chale hai, magar jo unglíyán aur háth phúl jáwen aur dard hone lage kí

times do, it will be necessary to roll each finger separately with a narrow bandage, and then roll the hand itself to the wrist, after which the arm must be rolled as directed.

### HOW TO ROLL THE BELLY OR CHEST.

A flannel bandage is generally used, about two hands breadth, and six yards long. The roller is put on spirally up and down till it be exhausted. It is best to tack it through the first two or three rolls before proceeding further, otherwise the bandage soon gets loose.

*Question.*—What form of bandage would you employ to keep a poultice on in cases of fistula, or a sore in the groin?

*Answer.*—A bandage formed in the shape of the letter T

*Q.*—How would you apply it?

*A.*—That part of the bandage answering to the head of the letter forms a belt, which ties round the belly immediately above the hips, and should be made of linen a hand's breadth wide. The stem of the letter is formed by a piece of linen double the width of the former, and sewn by one end to its middle, so that it lies against the loins. This piece should be of sufficient length, that it may be brought forwards, and upwards, between the legs, to the front of the belt, over which its loose end is to be turned, and being split a little way down, the two loose ends thus made may be brought forwards and tied, or it may be sewn to the belt without splitting. If with this bandage a poultice has to be confined on the groin, the tail piece must be inclined to that side, and fastened to the belt as may be necessary.

### THE MANY-TAILED BANDAGE.

*Question.*—Describe the composition of a many-tailed bandage and its use?

*Answer.*—This bandage is made of linen, and consists of one long band of roller, width three inches, across which transverse pieces of the same width, but of sufficient length for their ends to overlap each other after surrounding the limb, are laid, one-half covering the other, and, thus placed, are sewn at their middle, to

báss auqát aisá ittafq hotá hai us súrat men har ek unglí men judí judí kamchauří patří bándhí jáwe aur bádhú háth par kalší tak roll bándhá jáwe aur níche se báph par hasb hidset mazkúreh bála roll bándhá jáwe.

### TARKÍB PET YÁ CHHÁTÍ PAR ROLL BÁNDHNE KÍ.

Is kám men flannel kí patří do háth chaurí aur ehhah gas lambí aksar kám átí hai, roller ko úpar aur níche pech dar pech bándhate haip. Jab tak ki sárá lipat jáwe munásib yih hai ki do yá tím lapeť dekar us ko tánk dyá jáwe, warne wuh bandish jald qhslí ho játí hai.

S.—Kis súrat kí patří wáste lagáne poultice ke násúr yá zakham jáng par bakár ámad hotí hai?

J.—Patří bashakl angreží harúf barí tí ke (T) hotí hai?

S.—Yih patří kyunkar bándhí jáwe ?

J.—Wah hissá patří ká ki jo bashakl úpar ke hisse us haraf ke hai, wah bataur patří lapeť cháhiye, us ko gird pet ke spár kúlah ke bándhete haip, cháhiye ki wuh patří linen kapře kí háth bhar chaurí banáí jáwe, aur patří ki bajác níche kí shák̄h us haraf ke hotí hai wuh linen kapře kí do háth chaurí banáí jáwe aur ek sirá uská bích men us patří ke sí díyá jáwe taki wuh kamar ke úpar pařá rahe, yih tukrá túl men is qadar muķhtaffi ho ki áge aur úpar tágou ke bích men se us patří ke sámne tak pahunche, wahán us ká dusrá sirá jo khulá ho lapeť jáwe, aur zará us ke phár kar donon sire ki iláhdah ho jáwenge ; áge ko nikálkar bándh díye jáwen, yá patří men wuh sirá bilá sarkáne ke sí díyá jáwe ; agar is bandish se poultice jáng par qáem rakhí jáwe to pichhlá sirá us taraf ko sarká díyá jáwe aur hasb zarúrat patří men bándh díyá jáwe.

### TARKÍB KAÍ SHAKHDAR PATŘÍ BÁNDHNE KÍ.

S.—Tarkíb kaí shákhdár patří kí aur suwaed uske bayán karo.

J.—Yih patří linen kapře kí baní hai, aur wuh patří bahut lambí roller ke bařz tím inch chaurí hotí hai, aur uske bích men kaí áří patříyán usí qadr chaurí magar aisí lapeťe ki un ke sire bád bandish hones ápas men har ek ázy ke lipatne ke qabil rahej lagáí yéi haip, is tarah ki ádhí patří se úpar kí patří dab jáwe, amr is

tinned up to the grain, and two or three turns made above the hip to prevent its slipping down.

**Q.—When an enlarged vein bursts, what should you do ?**

**A.—Stop it by placing a finger on the bleeding part and laying the person down flat either on the ground or on a bed. A little pad of lint is then to be put on, and bound fast with a roller, which should first be applied upon the foot, and then rolled up carefully over the pad and above the knee or higher according to circumstances. The person should be kept in bed for a few days, in which time the wound heals, and the pad may be removed having first soaked it for a few hours in a wet poultice. A small piece of plaster may then be put on and the leg carefully rolled as before.**

### ON BRUISES.

**Question.—What is meant by a bruise ?**

**Answer.—A common, and very often a troublesome accident caused generally by some heavy weight falling upon some part of the body, or the person falling heavily from some height. At first the part swells, then blackens, in consequence of the blood escaping beneath the skin from the small vessels which are burst by the blow. After a day or two or more, according to the severity and extent of the bruise, the colour changes to a dirty green, and the skin around the bruise has a greenish yellow hue. Sometimes, when much blood has been extravasated, and not absorbed, an abscess forms, which at last bursts through the skin, and is often very troublesome to cure.**

**Q.—What is the best application to a bruise ?**

**A.—A warm moist poultice, constantly renewed, or hot moist flannels. If the bruise should be very severe and in the neighbourhood of a joint in an adult, a dozen leeches should be applied to relieve the pain, following them up with warm poultices or flannels; leeches may require to be applied three or four times before the pain is removed. Should the bruise be near any joint, the limb must be kept perfectly quiet for many days.**

### TOURNED OR CUT ACHILLES TENDON.

**Question.—Where is the tendon Achilles situated ?**

jáwen to us súrat men us patí ko jangáse tak khíneh kar báydhí jáwe, aur kúle ke úpar do yá tín lapeṭ diye jáwen.

S.—Jab ki baṛhí huí rag phaṭ jáwe us waqt kyá iláj kiyá jáwe ?

J.—Jis jagah se khún nikaltá ho wahán upglí lagákar khún ko rok diyá jáwe, aur maríz ko hamwár zamín par yá chárpaī par páyw phailákar barábar litá diyá jáwe, us waqt ek chhoṭí gaddí línt kí lagákar roller se bándh dí jáwe. Awwal páyw par bándhkar baah-tiyát tamám us gaddí par úpar zánú yá aur úpar hasb zarúrat aur mauqa lapeṭi jáwe, aur maríz ko chand roz tak chárpaī par pará rakkhen, taki us arsa men uská zakhm indamál páwe, aur gaddí ko chand ghante tak tar poultice se bhíga huá rakhkar utár dáké bäd iske ek chhoṭá tukrá plaster ká rakh kar tág badaastúr abiq phir roll se bándh dí jáwe.

### ZARB KE BAYÁN MEN.

*Sawál.*—Zarb se kyá murád hai ?

*Jawáb.*—Basabab gir parne kisí bahut bháří bojh ke azái jism par, yá basabab gir parne dafatan kisí buland muqám se. Awáwan jis muqám par zorb átí hai us muqám par warm ho játá hai, bäd uske siyáh ho játá hai isliye ki chhoṭí chhoṭí ragon men se jo ki basabab sadme ke phaṭ játí hain khún nikalkar andar khál ke daurta hai, bádhú ek yá do yá ziyádah dinon ke bartábaq tashaddud aur túlání zorb ke rang uská sabz siyáhí mál ho játá hai, aur ás pás kí khál barang zard sabzí mál ho játí hai, báz auqát jab ki khún niklá, aur na jazb huá, us súrat men phorá ho játá hai, aur ákhir-ul-amar andar khál ke phút játá hai, aur uská achchhá honá bahut diqqat talab hai.

S.—Sab se bahtar zorb par lagáne kí dawá kyá hai ?

J.—Garam tar poultice yá tar flannel har roz bándhí jáwe, agar zorb bahut shadid howe, aur kisí joṛ ke pás wáqa howe, aur wuh shakhs jawán howe, wáste kam karne dard ke bárah jonek lagáwey aur uske bäd garam poultice yá flannel bándhá jáwe, qabl az rafá hone dard ke jogk tím yá chár martabah lagáí jáwen, agar wuh zorb kisí joṛ ke pás wáqa howe, to ázv ko chand roz tak bili jumbish rakhná zarur hai.

### DARBAB PHAṭ JANE YÁ KAT JANE ACHILLES TENDAN KÁ.

*Sawál.*—Achilles tendon puthe kis muqám par wáqa hai ?

**Answer.**—The large thick tendon so called, connects the heel with the great muscles forming the calf of the leg.

**Q.—How does this accident generally occur ?**

**A.—The person makes a false step when walking or in coming down stairs ; sometimes it has been broken by a person dancing violently.**

**Q.—What are the signs of a torn tendon achilles ?**

**A.—The person drops to the ground as if shot, and feels has if he had received a violent blow on the part. When he gets up, he finds himself utterly unable to keep that leg erect, if he make the least attempt to rest his weight on it, and is therefore compelled to hop on the other.**

**Q.—What is the proper treatment in such a case ?**

**A.—The person should be put to bed, and lay his leg on the outside, with his knee much bent, and the toes much pointed, by which position the torn ends of the tendon are brought as nearly together as possible. This position should be retained by putting a piece of thin board about three fingers wide, and extending from below the knee cap beyond the toes upon the front of the leg, taking care to have the board well padded ; it must be confined above by a few turns of a short roller around it, and the upper part of the calf ; and below, around it and the foot, so that the pointing of the toes is thus rendered continual. No bandage must be put on at the part where the tendon has been torn, and which is easily found before the foot is extended, by the gap in which the finger drops in passing it from the heel up the leg towards the calf.**

**Q.—How soon may the patient get up ?**

**A.—Generally in about fourteen days. He should however wear a half boot laced up in front with a very high heel of cork, which should keep the toes pointed, as they were when he was in bed. In course of ten days the height of the heel of his boot may be slightly reduced, and so on every ten days, until he brings his heel gradually to the ground.**

**Q.—Should the tendon achilles be cut, what treatment ought to be pursued ?**

**A.—The edges of the skin must be kept together by two or three**

J.—Bará moṭá paṭṭha jis ko achilles tendon kahte haiṇ erí ko un paṭṭhon men shámil kartá hai jis se pindlí baní huí hai.

S.—Yih paṭṭha kis tarah phaṭ játá yá kaṭ játá hai ?

J.—Jab ki chalte waqt yá zíne se utarte waqt ghabráhaṭ men páṇw par játá hai, aur baz waqt ittifáqan zor se náchné waqt tüt játá hai.

S.—Aksar kaṭ jánc achilles tendon ke kyá haiṇ ?

J.—Wuh shaḥhs ki jis ká yih paṭṭha kaṭ jáwe, wuh zamín par is tarah gir paṛtā hai ki jaise kisí ke golí lage, aur usko aisá mälum hotá hai ki us muqám par bará sadma pahunchá, jab ki wuh uṭhtá hai to apní tāṅgen sídhe khare hone ke qabil nahín pátá, agarche wuh gáhe iráda kartá hai bojh dená us tāṅg par to wuh kúd partá hai dúsri tāṅg se.

S.—Aisí súrat men kyá iláj karná munásib hai ?

J.—Wuh shaḥhs chárpaí par litáyá jáwe, aur apní tāṅg báhar nikále, aur ghuṭne ko báhut jhuká de, aur nok' se angúṭhe ko sídhá kare, aisá karne se wuh paṭṭha albatta hatt-ul-imkán qarib á játá hai, is waza se qáim rakhne kí tadbír yih hai ki ek ṭukrá patle takhte ká tín angusht chaurá ghuṭne kí chapní ke níche se páṇw ke angúṭhe ke sire kí taraf tāṅg ke sámne bándh dewen, magar yih ihti-yát karen ki us takhte par aur úpar kí taraf jáng aur níche aurgird páṇw ke lagae jáwen taki nok angúṭhe kí is tarah qáim rahe, aur jis muqám se ki paṭṭha kaṭ gayá ho, waháṇ kuchh bandish na kí jáwe, aur wuh muqám qabl az phailáne páṇw ke hone chhed ke se ki jis men se ungíl utar jáwe, jis waqt ki erí se tāṅg par jáng kí taraf háth pherá jáwe baásání tamám mälum ho játá hai.

S.—Kis arsa men maríz uṭhne ke qabil ho játá hai ?

J.—Aksar chaudah roz men maríz ko cháhiye ki ádhá boot jútá áge se bandhá ho, us júte kí erí ko cork kí dát se únchá rakkhen, angúṭhe páṇw ke usí tarah khare rahan jaise chárpaí par parne ke waqt khare rahte haiṇ, das roz bád boot kí erí kí bulandí thorí sí kam kí jáwe, aur isí tarah har daswen roz kam karní cháhiye, jab tak ki erí áhistah áhistah zamín par tıkne lage.

S.—Achilles tendon kaṭ jáwe to kyá iláj kiyá jáwe ?

J.—Sab taraf se khál jama kar ke do yá tín tāṅke reshám ke

stitches of silk, both edges of the skin should be nipped up, so as to make their under sides touch, and then pass the needle and thread upwards through both together about two-tenths of an inch from the edge, and then a quarter of an inch distance to pass it again downwards in like manner. Two or more stitches must be put in, and should be supported by long narrow strips of sticking plaster laid between them lengthwise on the leg. About the third or fourth day, the stitches must be taken out, if the holes through which the needles have passed be wet with matter, or before this time, if they be red and swollen. After they are removed, the straps of plaster must be uscd to keep the wounds together.

#### BLEEDING FROM THE NOSE.

*Question.*—How would you check bleeding from the nose ?

*Answer.*—This is generally done by the person sitting upright, bathing the nose with cold water or vinegar and water, and sniffing it up the nostrils, or applying pounded ice. If it however continues, twenty grains of alum may be put into two table spoonsful of cold water and thrown up with a squirt; or a plug of lint dipped in this wash may be passed into the bleeding nostril, taking care to pass a strong thread securely round it, lest it should be pushed in so far back, that it cannot be got out without great difficulty. The patient should take a few saline purges.

#### ON BLEEDING FROM WOUNDS.

*Question.*—How would you attempt to stop bleding from a wound ?

*Answer.*—If the wounded part be on a bone, as for instance on the skull, or on parts of the face, where it can be pressed firmly against the bone by the finger, or by a bit of cork or hard pad bound tightly on with a roller. If this does not succeed, each edge of the wound may be lifted up, carefully examined, and if any little jet of blood be seen, it may be presumed that some little artery is wounded. The point of a tenaculum should then be dipped in as near as possible to it, and the spouting mouth drawn up sufficiently, to pass a strong thread or silk round it below the tenaculum ; one end of the silk should then be passed through the other, and both ends drawn steadily till the blood cease to flow. Any other spouting vessel

lagáwen donon kináre úpar ko istarah khainche jáwen, ki andar kí taraf se us khál ke us patthé ká mún̄ mil jáwe, us waqt donon men úpar kí taraf ko suf aur dorá ek inch ke dúsre hissa ke bará-bar us kínáre se nikálen, aur níche se ek inch ke chaháram hissa ke fásle par usí taur se. Do yá ziyádah tánke lagáe jáwen, aur lambí kamchaurí patthí sticking plaster kí un tánkon ke bich men tág ke úpar lagá dí jáwe, táki we tánke wahín qáim raheñ. Qarib tísre ya chauthc roz ke we tánke nikále jáwen, agar chhed suí ke babáis píb ke tar hon, yá surkh yá phúle hue hon. Bäd nikálne tánke ke pháyá marham wáste milá rakhne zakhmón ke istamál kiyá jáwe.

### BAYÁN JARÍ HONE NAKSÍR KÁ.

*Sawál.*—Kyunkar tum band kár sakte ho khún nikalná nák se?

*Jawáb.*—Tarkíb band karne khún kí yih hai, ki maríz ko sídhá bihlákar us kí nák tħandé pání se, yá sirke aur pání ke sáth tar karen, aur sungháwen us ko nathnon kí ráh se, yá lagáwen us par kútá huá baraf. Agar isse khún ná thambe, bíz grain phiṭkarí do mez ke chamche bhar pání sard men milákar pichkári se nák men dálí jáwe; yá ek batí lint kí us pání men bhigokar khún nikalnwále nathne men lagáí jáwe, magar yih ihtiyát rahe ki ek mazbut dorá us men bándhá jáwe, táki wuh battí aisí dúr nák ke andar na chalí jáwe ki us ká nikalná dushwár ho jáwe.

### BAYÁN IJRAI KHÚN KÁ ZAKHM SE.

*Sawál.*—Nikalná khún ká zakhmón se kyunkar band kiyá jáwe?

*Jawáb.*—Agar wuh zakbm kisí haddí par howe, maslan khopri par, yá kisí muqám chihre par, to us muqám par unglí yá cork kí lakri se dabáyá jáwe, yá ek sakht gaddí roller se khainchkar bándh dí jáwe. Agar yih tadbír kárgar na howe, har ek kinará zakhm ká uṭhákar baahtiyát tamám ghaur se dekhá jáwe, agar chhotá sá rástá khún ká nazar áwe, to yaqín kiyá jáwe ki koí chhoṭí shiryán men zakhm ho gayá hai. Us súrat men tinaculum ke nok hatt-ul-imkán us ke muttasil kí jáwe, aur jaháñ se khún nikaltá ho us ko baqadar zarúrat uṭchá uṭhákar us ke gird mazbút dorá resham ká níche us tenaculum ke lagáwe; bádhú ek sirá us resham ká dúsre men se lagákar donon siron ko khúb khainchen jab tak ki nikalná khún ká band

must be hooked up, and tied in a similar manner. After which; if the bleeding cease, the wound may be brought together with plaster.

**Q.—If the bleeding proceed from a wound near the armpit, what should be done ?**

**A.—**Place your thumb firmly into the neck immediately behind the middle of the collar bone, which will stop the flow of blood, until proper medical aid can be procured. The pressure thus made soon tires the thumb ; the handle of a large key, wrapped in three or four folds of linen, may be pressed in like manner for almost any length of time without fatigue.

**Q.—If the bleeding proceeds from a wound in the leg or thigh, especially if high up in the latter, how would you proceed to stop it ?**

**A.—**Place the patient on his back, and apply pressure directly on the groin, at right angles with the body, until assistance could be procured.

**Q.—When the bleeding is anywhere below the middle of the upper arm or below the middle of the thigh, how would you temporarily stop it ?**

**A.—**I should take a handkerchief, and pass it once or twice round the limb, some distance if possible above the wound, and tie it tightly and firmly. A stick is then to be pushed beneath the circular bandage thus formed between it and the skin, and twist it so that it screws the handkerchief tight until the blood ceases to flow. The screwing should only be continued till the bleeding stops, as the soft parts beneath may be severely bruised.

### ON SPRAINS.

**Question.—What is a sprain ?**

**Answer.—A straining, wrenching, or tearing of the ligaments or tough structures which bind bones together to form joints.**

**Q.—What joints are most commonly sprained ?**

**A.—The wrist and ankle.**

**Q.—What treatment should you adopt for a strain ?**

**A.—**The joint should be kept perfectly at rest, and the person keep on his bed ; warm moist flannels should be repeatedly applied

ho jáwe. Aur dúsri rag jis men se khún nikaltá ho us ko bhí isí tarah hook lagákar bándhe. Bād us ke agar khún tham jáwe to zaķhm ko plaster lagáwe taki wuh andmál páwe.

S.—Agar khún aise zaķhm se nikaltá ho ki wuh muttasil baghal ke ho, us súrat men kyá kiyá jáwe?

J.—Angúthá háth ká gardan par se níche hán̄s kí haddí ke bích men mazbút rakhkar dabáwēn taki us se khún band ho jáwe, jab tak aur maáljah munásib tajwíz kiyá jáwe. Is tarah dabáne se angúthá jald dukhne lagegá, is liye munásib hai ki bañi kunjí ke daste par tín yá chár tah linen kí lapeṭ kar usí tarah usc dabáwe, aur is tarah se jab tak cháhe dabáwe kuchh thakán malum na hogá.

S.—Agar khún aise zaķhm se jári ho jo tāng yá jáng men, yá jáng se úpar wáqā ho, us ko kyunkar band karen?

J.—Maríz ko píth ke saháre se bitħáwe, aur ek gaddí jangáse par durustí se lagái jáwe, jab tak ki dúsra maáljah munásib tajwíz ho.

S.—Jab ki khún kisí muqám se níche bích úparle háth ke yá níche bích jáng ke wáqā ho, to bilfaıl us ko kis tarah band karen?

J.—Ekrúmál se, ek yá do lapeṭ us үzv par thore ek fásle zaķhm se jaisá ki mumkin ho khúb khainchkar mazbút bándh de. Bādhú ek lakrī is paṭtī mudawwar ke níche se yané darmiyán paṭtī aur post ke nikálkar us ko itnā ainqthe ki khún band ho jáwe. Magar jab tak ainqthe ki jab tak khún band ho jáwe, mubádá azái muláim ki us ke níche wáqā ho un men zarar na pahunche.

### MOCH KE BAYÁN MEN.

*Sawál.*—Moch kis ko kahte hain?

*Jawáb.*—Jo lachak, yá ainqth, yá shigáf paṭthon men yá jaráo jorón men hain jis se ustakhwán aur azái bane hue hain us men wáqā ho us ko moch kahte hain.

S.—Kaun kaun se үzv men aksar moch á játi hai?

J.—Kaláí háth aur ṭakhné páñw ke men.

S.—Us ke ainqthne men kyá tadbír kí jáwe?

J.—Wuh үzv behis aur harkat rakká jáwe, aur maríz chárpaí par pará rahe, garam aur tar flannel mukarrar aur sikarrar chand

for some hours, and a warm bread and water poultice at bed time. These should be continued for a few days, and no attempt be made to use the joint. If the pain be very severe, and continue so for the first and following days, leeches may be applied, and be repeated once or oftener. When the pain subsides, a vinegar poultice or a wash of goulard extract may be applied. When the pain entirely subsides, the greatest caution must be used not to excite fresh inflammation by walking too soon, or exercise the limb. A joint often swells a long while after a sprain, it should then be bound up carefully with straps of soap plaster and a roller of linen.

#### BROKEN BONES.

Persons who break their arms either below or above the elbow, will find it least painful to put the forearm at right angles with the upper, in a broad sling, which will contain it from the elbow to the points of the fingers; and he will find he can walk home, or to the Doctor's residence, with far less pain to himself, than if he went in a carriage of any kind.

If the leg or thigh be broken, a hurdle or a door covered with straw, coats, or blankets, may be converted into an excellent litter, which should be laid down by the sufferer's side, and be gently and quickly laid on it, by just as many persons as are enough to raise him up a very little from the ground, and by no more, as the greater number of assistants there be, the less likely are they to act together and effectually. The hurdle or door should be carried by hand, not on the assistants' shoulders as commonly done, two persons at each end taking hold of it, and all keeping step as they move along. If a couple of poles can be procured and fixed across and beneath each end of the hurdle or door, the bearers will be able to carry him with less fatigue either to themselves or the patient. If neither hurdle or door can be procured, an excellent substitute may be made, by fastening four stout poles together, and tying a blanket securely to them, so as to resemble the frame and sacking of a bedstead, and upon this the sufferer may be led. Having got the sufferer on the hurdle, door or blanket frame, the sound limb should be brought close to the broken one, and both limbs be tied firmly together with two or three handkerchiefs, thereby giving great support to the broken limb, and almost pre-

ghanṭon tak lagáí jáwe aur garam roṭí aur páni ká poultice sote waqt bándhá jáwe. Aisá hí chand roz tak kartá rahe, aur us uvwxyz se mutlaq kám na le. Agar dard bahut shadíd howe, waisúhí istamál men láte raho awwal din yá dúsre din tak, aur jonken lagáí jáwen ek martabe yá ziyádah. Jab ki dard ko ifáqá ho, to poultice sirká yá wash goulard extract ká lagáyá jáwe. Jab ki dard bilkul mauqúf ho jáwe, to bahut ahtiyát karen ki jald chalne yá us uvwxyz ko harkat dene se sozish ziyádah na ho jáwe. Moch áne ke kitne hí arse bád aksar warm á játá hai, us waqt cháhiye ki bahtiyát tamám pattí soap plaster kí lapet ke aur roller linen ká úpar bándhá jáwe.

### BAYÁN TÚT JÁNE HADDÍ KA.

Jis shaḥks ká háth níche yá úpar kohní se tút jáwe, agar wuh shaḥks apnc agle háth ko mustaqím úpar ke háth ke háth par chaurí himáil men rakkhe, ki us men sárá háth kohní se ungliyon tak á jáwe to bahut kam taklíf hogí, agar wuh shaḥks gári men baiṭkar ghar jáwe, yá doctor ke makán par pyádah jáná us ko mójib bahut kam taklíf ká hogá.

Agar tág yá jáng tút jáwe to ṭattiyon ko ghás yá bárán coat yá kamblon se dhágkkar ek achchhá dolá banáyá jáwe, aur maríz ke barábar rakkhá jáwe, aur jis qadar ádmí ki us ko zamín se ubhár saken usí qadar ádmí jamā kar ke us ko uṭhákar us men liṭáyá jáwe,isse ziyádah ádmí lagáe jáwen, isliye ki jís qadar ádmí ziyádah honge usí qadar un se ek sáth aur jaisá ki cháhiye kám anjám hogá. Wuh dolá háthon par chale, aur kandhon par na chale jaise ki aksar dastúr hai, do ádmí us ko donon taraf se pakre chalen, aur báqí ádmí sáth sáth qadam uṭháe jáwen. Agar do dande báham pahunchen aur níche har ek sire ke us dole men áre lagáe jáwen, to kaháron ko kam thakán malúm hogá, aur níz bímár ko bhí kam taklíf hogí. Agar dolí báham na pahunche to yih tajwíz umda hai ki uskí jagah chár mazbút dande bándhkar unke bich men ek kambal tán dewe ki wuh bashakal kháne chárpaí ke ho jáwe, aur us par maríz ko le jáwen. Aur us shaḥks ko dolí yá kambal ke chaukbte par sawár kar ke achchhá uvwxyz túte hue uvwxyz ke multasil lákar donoñ ázá ko tín rúmalon se khúb mazbút bándhá jáwe, is taur se túte hue uvwxyz ko bahut sahárá ho játá hai, aur harkat qadre mauqúf ho játi hai, ek takiyá yá lambí gaddí ghás kí báhar kí taraf us uvwxyz ke rakkhí jáwe, táki us ko aur ziyádah maz-

venting any movement. A pillow or long pad of straw should be placed along the outside of a limb to render it still more steady. In placing the limb on the hurdle, door or blanket frame, great care should always be taken to lay the broken bone as near as possible in its natural position, for if this be not attended to, but the broken part be left bent, most probably one or other end of the bone will thrust through the skin, and thereby materially increase the injury.

On the patient being brought home, the limb, if an arm, should be placed upon a pillow half bent, and if a leg or thigh, it will rest most easily upon the outer side, with the knee bent, and so retained until proper assistance can be procured.

### BROKEN RIBS.

*Question.*—What are the usual signs of a broken rib?

*Answer.*—It may be presumed a person has his ribs broken, when, after a fall or blow, he feels at every breath, a stitch or prick in the side of his chest where he has received the injury; and if the hand be placed on this part, and the person be directed to draw his breath in deeply, the broken ends of the bone will be felt moving on each other, and giving a sort of crackling feel.

*Q.*—What treatment should you adopt, if one or more ribs be broken on one side of the chest?

*A.*—Wind a flannel or linen roller, six yards long and four inches wide, tightly round the chest, so as to prevent any motion of the ribs in breathing. The end of the roller should be sewn, and it would be as well, if all the turns of the roller were sewn together, as it would render the binding more secure. If well put on, such a bandage would not require to be renewed more than twice in a month.

*Q.*—Should you bleed in such cases?

*A.*—It is better left alone, until the patient complains of pain, or is troubled with cough, then a pint of blood may be taken with benefit, and may perhaps require to be repeated once or twice. The bowels should be well cleared out with a purge, and twenty drops of antimonial wine, five or ten drops of laudanum in a glass of water be given three or four times a day. After a few days the

hútí ho jáwe, jis waqt ki háth us doli par khisak ke chaukhṭe par rakkha jáwe us waqt túti huí haddí ko mila huá hatt-ul-wasa bahálat aslí rakhte hain, aur hamesha bahut ihtiyát karní lázim hai, zerá ki agar us men ihtiyát na kí jáwegí aur tútā huá uvwxyz khamídah pará rahegá to ghálib hai ki ek sirá yá dúsra sirá haddí ká jild men ghus jáwegá aur usse ziyádah ízá pahunchegí, aur jis waqt maríz ghar pahunche to us uvwxyz ko agar háth ká howe ádhá kham dekar takiye par rakkhen, agar táng yá jáng ká howe to us ke báhar kí taraf ghuṭná jhukákar rakkhen, bahut áram malúm hogá, is taur se us ko sahárá diyá jáwe jab tak kí maáljah munásib tajwíz ho.

### BAYÁN TÚTNE PASLIYON KÁ.

*Sawál.*—Mamúlí ásár shikastgí paslí ke kyá hain?

*Jawáb.*—Jis shakhs kí paslí túti huí hai jo ki bäd girne yá pahunchne kisí sadme ke har ek sáns men us ko ek kasak yá chasak chháti ke pahlú men jahán andar pahunchí hai malúm howe, aur us muqám par háth rakkha jáwe, aur us shakhs ko kahá jáwe ki sáns andar ko zor se khainche to túte hue sire paslí ke idhar udhar harkat karte hue malúm honge.

*S.*—Agar ek yá ziyádah pasliyán chháti kí ek taraf se tút jáwen to kyá iláj kiyá jáwe?

*J.*—Flannel yá linen kapre ká roller chhah ghaz lambá aur chár inch chaurá khenchkar chháti ke ás pás bándhá jáwe táki dam letc waqt pasliyon ko harkat na howe, aur sire us roller ke sí diye jáwen, aur jo sab lapeṭ us roller ke tānk diye jáwen jisse ki wuh bandish khúb hifázat se rahegí, agar yih bandish khúb bandhe to do martabah kholná ek mahíne men munásib hogá.

*S.*—In súraton men fasd lená bhí cháhiye?

*J.*—Munásib hai ki kuchh na karen jab tak kí bímár ke dard kí shikáyet ho, yá us ko khánsí satáwe; us súrat men ádhá ser khún ká lená mufid hogá, aur sháyat ek do martabah aur fasd kí zarúrat howe, mushil de kar antariyán khúb sáf kí jáwen, aur bíq qatre antimonial wine ke aur páñch yá das qatre laudanum ke, ek glass pání men, chár martabah ek din men piláe jáwen, bäd chand

person will find himself much more comfortable sitting up than lying in bed.

**Q.—If the ribs on both sides be broken, what should you do ?**

**A.—In that case, or if the breast bone be broken, no bandage should be applied, as it will do mischief, but the person must be kept as quiet as possible. These latter accidents are always very dangerous.**

### BROKEN COLLAR BONE.

**Question.—What are the signs of a broken collar bone ?**

**Answer.—A bump may be observed, when comparing the broken with the unbroken bone; the unnatural motion felt by the fingers put on the broken part when the arm is moved; the pain on motion, the disappearance of the irregularity when the shoulders are brought back, and its reappearance when the hold of them is left off, are proofs of the nature of the accident.**

**Q.—What is the treatment to be adopted here ?**

**A.—It consists in placing high up in the hollow of the armpit, a pad as big as two fists, and twice as wide, which must be kept in place by a tape at each end, passed on the back, and the other on the front of the chest, and tied on a pad to prevent galling on the opposite side of the neck. A bandage is next to be turned once or twice round the arm, immediately above the elbow, and its two ends carried round the chest, one before, and the other behind, and tied so as to keep the elbow close to the side. The elbow and forearm are then put into a short sling, which lifts up the shoulder, and should be tied on the sound side of the neck. The bandages thus put on must be worn for a month.**

### BROKEN ARM ABOVE THE ELBOW.

**Question.—What are the signs of an arm being broken above the elbow ?**

**Answer.—This accident is easily distinguished by the unnatural motion at the broken part, and by the person being incapable of raising either the elbow or forearm.**

roz ke bímár ko chárpaí par pará rahne sc aur uṭh kar baithne se ziyyádah áram malúm hone lagegá.

S.—Agar donon taraf kí pasliyán tút jáwen to us súrat men kyá kiyá jáwegá?

J.—Us súrat men agar chhátí kí haddí tút jáwe to bandish karní munásib nahín, zerá ki usse qabáhat lázim áwegí, magar maríz ko jahán tak mumkin ho beharkat rakkha jáwe, aur aisi hawádis mazkúra bálá se hamesha bahut zarar láhaq hotá hai.

### BAYÁN TÚT JÁNE HADDÍ HÁNS KÁ.

*Sawál.*—Ásár shikastgí haddí háns ke kyá hain?

*Jawáb.*—Jis waqt ki túti huí háns kí haddí ko sálim haddí ke muqábil dekhá jáwe, to uspar ek gúmrá sá malúm hotá hai, aur jab ki tútc hue üzv par unglí rakkhí jáwe, barwaqt harkat dene háth ke us jagah ek harkat khiláf ádat hotí huí malúm hotí hai, barwaqt jumbish ke dard hotá hai, jabki kandhá píchhe ko jhukáyá jáwe, to us waqt badshaklí dahán kí uskí shakal se malúm hotí hai, aur jabki unko dhílá chhoṛ diyá jáwe, to us waqt phir badshaklí usse wázá hotí hai, to us súrat men wázá ho ki haddí háns kí tút gaí.

S.—Us hálat men kyá iláj kiyá jáwe?

J.—Cháhiye ki baghal ke andar únche kí taraf ek gaddí bamiqdár do muṭthí moṭi aur chahár muṭthí chaurí ho donon taraf se bándhí jáwe, ek síta donon siron par bándlíkar ek sirá píth par ko nikálkar aur dúsra chhláti ke sámhne lákar us gaddí par bándhá jáwe, ki sámhne kí taraf gardan ke taklíf na ho; bádhú ek pattí kí ek yá do lapeṭ dekar zará kohní ke úpar bánh men bándhí jáwe, aur us pattí ke do sire men sc ek sirá chhláti ke áge se dúsra píchhe lejákar bándh diye jáwen, taki kohní pahlú ke pás rahe, zánpas kohní aur aglá háth ek chhoṭí sí himáil men rakkhe jáwen, ki jisse kandhá uṭhá rahe, aur gardan kí sálim haddí kí taraf kandhá bándhá jáwe, aur yih bandish ck mahíne tak bandhí rahe.

### BAYÁN TÚT JÁNE HADDÍ HÁTH KÁ KOHNÍ SE ÚPAR.

*Sawál.*—Kohní ke úpar bánh tút jáne ke ásár kyá hain?

*Jawáb.*—Tútáná bánh ká is muqám se basabab khiláf ádat wáqa hone harkat ke bamuqám shikastgí baásání tamíz ho saktí hai, aur us súrat men wuh shakhs kohní au᳚ aglá háth uṭhá nahín saktá hai.

**Q.—What is the treatment to be followed here ?**

**A.—**The pads and splints must be fitted on the sound arm, and four of each will be required. The splints should be about three fingers' breadth wide; one should reach from the shoulder to the bend of the elbow, one behind from the shoulder to the point of the elbow, one from the armpit to the jutting inside of the elbow, and one from the shoulder to the jutting outside of the elbow. The pads should be a little wider than the splints and about two inches longer, so that they may be turned over each end of the splint, and tacked, to prevent them slipping about. Two long rollers are also necessary. The immediate swelling after the accident having subsided, the limb must be placed with the forearm bent at a right angle with the upper. The hand and arm are to be lightly swathed with a roller, the turns of which should overlap each other, and be continued a little above the elbow. The second roller is now to be wound round the arm, twice or three times above the elbow, then the first splint is to be placed on the front of the upper arm, but not quite down to the bend of the elbow, and two or three turns of the roller made round it; next the back splint, from the shoulder to the elbow, placed against the arm, and the roller carried around it twice or thrice; the third splint is now put on at the inside, its upper end being pushed up into the arm-pit, not so high, however, as to rub against and gall it, and the fourth on the outside, round these the roller is now to be wound, and continued till the whole arm with the splints have been swathed from the arm-pit to the bend of the elbow. A short sling is then put round the neck, which must only support the hand and wrist. By thus doing, the weight of the elbow drags down the lower end of the bone, and keeps the broken portions in place. The splints rarely require being touched for ten days or a fortnight, and must then be again applied in the same manner. They must be worn for a month or five weeks. The person should walk about during his cure, as the broken bone keeps its position better than when in bed.

**Q.—If wooden splints are not procurable, what substitutes may be employed ?**

**A.—**Stiff paste board, or wheat straw splints.

**Q.—Is there any other method ever employed with success ?**

**A.—**Yes, after rolling the hand and forearm, a long roller well

S.—Is súrat men kyá maáljah kiyá jáwe ?

J.—Gaddiyán aur splint salim báñh par chárháe jáwen, har qism ke chár chár honí cháhiyen, tím tím angusht chaurí splint lekar ek to kandhe se kohní ke ɭham tak, aur ek kandhe ke píchhe se kohní ke kináre tak, ek baghal se kohní ke andar nok tak, aur ek kandhe se kohní ke báhar nok tak bándhí jáwen, gaddiyán splint se zará chaurí aur do inch ziyádah lambí hoñ taki splint ke donon kináron se ulat kar ke síye jáwen, taki splint phisal na jáwen, aur do lambe roller bhí darkár hote hain, jab ki warm hawádas kam ho jáwe, tütá huá háth agle háth par ɭham dekar basúrat záwiya qáima rakkhá jáwe, bádhú háth aur báñh roller se lapeṭe jáwen, istarah ki lapeṭ uske lapeṭ par áte jáwen, aur zará kohní ke úpar tak dúsra roller báñh ke gird do tím lapeṭ kohní ke úpar lapeṭe jáwen, bádhú awwal splint úpar ke báñh kí sámhne rakkhá jáwe, magar aisá níche nahín ki kohní ke ɭham tak pahunche, aur roller ke do tím lapeṭ us par diye jáwen, bád uske píñh ká splint kandhe se kohní tak rakkhá jáwe, aur do tím pech roller ke uspar bhí lagáe jáwen, hádhú tísra splint andar kí taraf rakkhá jáwe, uská úpar ká sirá andar baghal ke lagáyá jáwe, magar aisá ziyádah na lagáwen ki baghal usse ragañ kar zañhm ho jáwe, aur chauthá splint báhar kí taraf lagáyá jáwe, aur unke gird roller lapeṭá jáwe, aur lapeṭtá rahe jab tak ki sári báñh mai splint baghal se kohní ke ɭham tak lipaṭ jáwe, us waqt ek chhotá sá hamáil gardan men dálá jáwe, taki uspar háth aur kaláí sahárí jáwe, aisá karne se basabab bojh kohní ke níche ká sirá haddi ká utar átā hai, aur tuṭe hue sire apní apní jagah á jate hain, das pandarah din tak splint ko chherne kí zarúrat bahut kam hotí hai, darsúrat chherne ke phir usi tarah se bándh diye jáwen, ek mahíne yá sawá mahíne tak isí tarah bandhe raheñ baayám maáljah maríz ko cháhiye ki chaltá phirtá rahe, is liye ki banisbat chárpañ par pařá rahne ke harkat karne se ustakhwán shikastah ziyádah thikáne se rahte hain.

S.—Agar lakri ke splint báham na pahunchen to us súrat men biliwaz unke kyá iláj kiyá jáwe ?

J.—Sakht wasli yá gehún kí nálí ká splint.

S.—Koi aur bhí tarkisb isse bihtar hai ?

J.—Hán aur bhí tadbír hai ki bád roll bándhne háth aur agle háth

soaked in thick gum water, starch, or rice water, may be carefully swathed round the upper arm from the elbow to the arm-pit. The limb must then carefully be laid upon a pillow, in as nearly as possible its natural position, and in the course of twelve or twenty-four hours, the gum or starch dries, and a tough, unyielding, well fitting case encloses the arm, and rarely requires being meddled with, till it be completely removed at the end of the month.

### BROKEN ARM BELOW THE ELBOW.

*Question*.—What are the signs of a broken bone below the elbow?

*Answer*.—There are two bones in the fore-arm, if only one of them is broken, it is often very difficult for an unpractised person to discover it, and it is of less consequence, as the sound bone serves as a splint to keep the broken one pretty nearly in its proper place, not so however when both bones are broken, here the nature of the injury is easily perceived.

*Q.*.—What treatment ought to be pursued when both bones are broken?

*A.*.—Two padded splints are required extending from the tips of the fingers to the bend of the elbow in front, and to the point of the elbow behind; the forearm is now bent; the splints applied, one before and one behind, and both bound firmly to it with a roller from the fingers up to the bend of the elbow. The arm then resting on its back is to be put in a sling, which shall support it from the elbow to the finger ends. The splints must be kept on about a month.

### ON BROKEN FINGERS.

*Question*.—How would you treat a broken finger?

*Answer*.—Take a piece of thin wood or stiff paste board, as wide and as long as the finger, and place it on its front, or same side as the palm of the hand. Upon this the finger being laid straight it is to be bound with a roller an inch wide from end to end. The hand should be kept in a sling for a month, and no attempt be made to use it before that time.

ke ek lambá roller gárhe gond ke pání men yá nisháste men yá chá-wal ke pání men bhigokar úpar ke háth ke gird baahtiyát tamám kohní se baghal tak lapeṭá jáwe, үzv shikastah us waqt bawaza aslí sábiq ke bahoshyári tamám jaisá ki mumkin ek takiya par rakkhá jáwe, do chár pahar men wuh gond yá cháwal ká pání khushk ho jáwegá, us waqt ek goyá ki sakht bejumbish aur laṭak átā huá miyán háth ke gird ho jáwegá, aur bich uske chherne kí zarúrat kam hogí, jab tak ki ákhir mahíne tak bilkul na utár liyá jáwe.

### BAYÁN TÚT JÁNE BÁNH KÁ KOHNÍ SE NÍCHE.

*Sawál.*—Shikastgí ustakhlwáñ zer kohní kí alámaten kyá haiñ ?

*Jawáb.*—Agle háth men do haḍdí hotí haiñ, agar ek tút jáwe aksar nawáqif ádmí ko mälüm karná us ká dushwár hotá hai, aur us ká namalüm karná bhí chandán mujib qasúrazím mutsawwar nahín ho, is wáste ki dúsri haḍdí salim bataur splint us túti huí haḍdí ko qaríb qaríb basúrat aslí qáim rakhtí hai, magar jab ki donoñ haḍdí tút jáwen us waqt yih súrat nahín hotí aur ísí sabab se bawaqt tútne donoñ haḍdí ke mälüm ho játá hai ki kyá nuqsán huá.

*S.*—Jab donoñ haḍdí tút jáwen to us waqt kyá iláj kiyá jáwe?

*J.*—Do gaddí lage huí splint darkár hote haiñ aise lambe ki unglí kí nok se kohní ke ḫham tak sámhnc kí taraf aur kohní kí nok tak píchhe kí taraf pahunchen, agle háth ko jhukákar ek splint áge aur ek píchhe lagáyá jáwe, aur unglí se kohní ke ḫham tak roller se mazbút bándhe jáwen, bádhú bánlh ko us kí pusht par thahrákar ek himáil par rakkhí jáwe, táki uspar kohní se ungliyon ke sire saháre jáwen, aur yih splint ek mahíne tak barábar bandhe rahen.

### BAYÁN TÚT JÁNE UNGLIYON KÁ.

*Sawál.*—Túti huí ungliyon ká kyá iláj kiyá jáwe?

*Jawáb.*—Ek ṭukṛá patlí lakrí yá sakht waslí ká un ke barábar arz aur túl men lekar sámhne kí taraf hatheli kí taraf un ungliyon ke rakkhá jáwe aur unglí sídhí rakhkar ek inch chauṭe roller se ek sire se dúsre sire tak bándhí jáwen, aur háth ek mahíne tak himáil men rakkhá jáwe aur us se kám lene ká iráda us qadar ḳrse tak na kiyá jáwe.

**Q.—How is the stiffness that generally remains to be removed?**

**A.—By placing the hand daily in warm water, and afterwards bend the finger gently forwards and backwards, as far as it can be moved without pain.**

### BROKEN THIGH.

**Question.—How is the nature of this accident detected ?**

**Answer.—If it occurs in any part a little distant from the hip or knee joint, it is easily ascertained by the unnatural bending at the seat of the injury, and by the person being unable to lift up the leg below the broken part, as well as by his not liking to attempt it on account of the pain produced by the ends of the bone pushing into the flesh.**

**Q.—How would you treat such an accident ?**

**A.—With splints if possible ; if not procurable then without them, taking care to keep the person as quiet as possible.**

**Q.—How would you proceed to treat without splints ?**

**A.—The patient must be placed on his back upon a firm mattress, laid on a board resting on the bed frame. Two thick pads are then to be made of sufficient size to cover, the one the whole of the inside of the sound knee, and the other the inside of the ankle of the same limb. Both limbs must now be laid close together, in the same straight line as the body, resting on the heels, with the toes right upwards ; and in doing this care must be taken that the calves of the legs rest flat on the mattress. The body must now be kept immovable by one person who grasps the hips with his two hands. A second person then takes hold of the broken limb with both hands just above the ankle, and gently and steadily draws it down without disturbing its position, whilst a third person places the knee pad between the two knees and the ankle pads between the ankles. The gentle pulling being continued, the sound knee is brought close to that of the broken limb, but a little above it so that it rest against the jutting inside of the joint, and then, both being kept close together, a pad about as broad as the hand must be turned round both legs, directly below both knees, and round this a roller about three yards long, must be softly, carefully**

S.—Sakhtí jo ungliyon par ho jáwe kyunkar rafā kiyá jáwe?

J.—Har roz hāth ko garam pání men rakhkar unglíyog ko áhisté áhisté áge píchhe harkat detá rahe, hattá ki un kí jumbish bilá qasúr yá taklíf hone lage.

### BAYÁN TÚT JÁNE HADDÍ JÁNG KÁ.

*Sawál.*—Shikastgí jáng kyunkar daryáft kí jáwe?

*Jawáb.*—Agar jáng zánú ke joṛ yá kúle ke joṛ se fásile par tút jáwe to malúm honá us ká ásán hai, isliye ki bamuqám zarb ḥam khiláf ádat par játa hai aur maríz užv shikastgí se tāng apní uṭhá nahín saktá, aur basabab ghusne ustakhwán shikasta ke dard gosht men malúm hotá hai, aur maríz ká yih jí cháhtá hai ki apne pánw ko harkat na dún.

S.—Is súrat men kyá iláj kiyá jáwe?

J.—Agar mumkin ho to iláj bazariah splint kiyá jáwe, aur jo splint dastyáb na hoṇ to bilá splint bhí ho saktá hai. Illá yih ahtiyát rahe ki us súrat men maríz hattulwasá behis aur harkat rahe.

S.—Bilá zariaḥ splint kis tarah iláj kiyá jáwe?

J.—Maríz ko mazbút gadele par ki takhtá jo ki chárpaí par jará howe litáwen. Do moṭí gaddiyáñ aisí lambí chaurí banájáwen ki ek to sálím ghuṭne ke andar aur dúsri usí užv ke ṭakhne ke andar ba-khúbí á jáwe. Donoṇ užv pás pás rakkhe jáwen usí sídh men jaise ki jism hotá hai ki koí shakhs apní erí par sahárá dekar aur pánw kí ungliyon ko sídhá úpar kí taraf karke khará howe; aur aisá karne men yih liház rahe ki donoṇ tāngon kí jáng us gadele par sáf phailí rahan. Ek ádmí donoṇ kúloṇ ko donoṇ hāth se pakar ke us maríz ke badan ko jumbish hone na dewe, aur dúsra ádmí tūte hue užv ko donoṇ hāth se takhle par pakre rahe, aur áhisté áhisté aur mazbútí se us ko níche utáre, magar us užv ko terhá na karen balki sídhá rakkhen, aur tísra shakhs ghuṭne ki gaddí ko darmiyáñ donoṇ ghuṭnon ke aur ṭakhne kí gaddí ko darmiyáñ donoṇ ṭakhnon ke rakkhe. Áhisté áhisté khínche sálím ghuṭna tūte hue užv ke pás láyá jáwe, magar us se wuh úpar rahe is taraf ki andar kí taraf užv kí jo nok wáqa hai us par sahárá páwe, us waqt donoṇ mutsil lákar ek gaddí hāth bhar chaurí donoṇ tāngon ke gird sidhí donoṇ ṭakhnon ke lapetí jáwe, aur us par tín gaz lambá roller áhisté áhisté baahtiyát tamám lapetá jáwe táki ek ghuṭna dúsre ghuṭne ke pás se na phisalne

and tightly wound so as to prevent one knee slipping from the other. A strap and buckle will serve the same purpose, or, in want of a roller and strap, a handkerchief may be passed round and tied, care being taken not to make a knot opposite either of the hard parts which mark the place of the two leg bones, for if it be put there it will be liable to cause very uneasy pressure. Both ankles are next to be tied together in like manner, care being taken that that of the sound is above that of the broken limb. A small pad is now to be put between the insides of both feet to guard them against the pressure which is made by bending the feet together, and this completes the whole business.

**Q.—How would you treat a broken thigh with splints?**

**A.—**The management is various, as regards both the number of splints and the position of the limb; sometimes one long straight splint is used; sometimes four short splints, whilst another case may require the double inclined plane to be used.

**Q.—Describe the method of applying the long splint?**

**A.—**The whole must be rolled carefully, beginning from the toes, and continuing up to the hip. This must always be done, let what splint be used you please. After having rolled the foot and leg a little above the ankle, and the body being steadied by one person, a second grasps the ankle, and gently pulls the leg down to its proper length, raising it just sufficiently from the bed, which must be assisted by a hand placed beneath the knee, and slightly raising it also, to allow the roller to be passed round it again and again, till the whole limb be rolled to the hip. The roller should only be six yards long and sewn to another for the convenience of the operator and comfort of the patient, for a roller of fourteen or sixteen yards is too bulky. The single splint should be half an inch thick, four fingers wide, and of length to reach from the armpit to an inch below the outside of the sole of the foot. It must be measured upon the unbroken limb, and a round hole cut, with its edge well scooped out, so as to allow the outside of the ankle to go into it, to prevent its being pressed upon. The whole length of the splint is to be well padded on the side next the outside of the broken limb. Each end of the pad is to be turned well over the corresponding end of the splint, and then the pad carefully

páwe. Yih kám ek tasme aurek baksue se nikal saktá hai, aur dar-súrat ağm dastyábí roller yá tasme ke ek rúmál lapeṭkar bándh diyá jáwe, magar is qadar ahtiyát rahe ki sakht jagah donon haddiyán táng kí howen girah na lagáwen, isliye agar us jagah girah lagegi to us ke dabáo se taklíf hogí. Isí tarah se donon tákhnón ko bhí bándhe, magar yih khyál rahe ki achchhí táng ká tákhná túhi huí táng ke tákhné par bándhá jáwe. Ek chhotí gaddí darmiyán men andar kí taraf donon páñw ke rakkhí jáwe taki is men basabab donon ikatthe bandhe hone ke dabáo na kare, pas aur kuchh karna zarúr nahín.

S.—Túti huí jáng ká iláj bazariah splint kyunkar kiyá jáwe?

J.—Kaí tarkíb se karte hain baliház tādád splint aur mauqá užv shikastah ke kaí tarkíb se iláj kiyá jáwe; baze auqát ek lambá sídhá splint, aur baz auqát chár chhote splint aur baz súrat men dohre splint bashakal musallas ke kám áte hain.

S.—Lambe splint bándhne kí tarkíb bayán karo?

J.—Sádah splint baahtiyát páñw kí ungliyon se kúle tak bándhá jáwe; kaisáhí splint ho illá is tarah bándlíná uská hamesha cháhiye. Táng aur páñw ko zará tákhné se upar roller se lapeṭ kar, ek shakhs bandan ko mazhút pakre, aur dúsra tákhné ko pakre aur táng baqadar zarúrat níche kí taraf khínche, aur baqadar iktafá usko chárpaí se uṭháwe, aur yih amar is taur se kiyá jáwe ki níche ghuṭne ke háth lagákar aur usko zará úñchá uṭháwe aur roller uske ás pás kaí martabe lapeṭe, yá jab tak sárá užv kúle tak lipat jáwe; aur wuh roller sirf chhah gaz lambá howe aur dúsre roller men siyá jáwe, taki wáste kár bandish aur áram maríz ke muſíd howe, isliye chaudah yá solah gaz lambá roller bahut bhári hotá hai. Jo ek splint ho to wuh ádh inch motá, chár angusht chaurá ho, aur is qadar lambá ki baghal se ek inch níche páñw ke talwe se pahunche. Usko sálim páñw par náp liyá jáwe aur ek gol surákh us men kiyá jawe aur kináre uske kát diye jáwen ki crí us men utar jáwe taki usse kuchh dabáo na howe. Túte hue užv ke báhar kí taraf jo roller kí taraf howe uspar khúb gaddí lagá dí jáwe; har sirá gaddí ká usí taraf ke splint ko khúb tarah se lapeṭá jáwe, aur bad uske baahtiyát tamám wuh gaddí us splint ke sáth sí dí jáwe taki us men se wuh báhar na phisal jáwe. Is tarah splint ko tayár karke bándhe. Bimár kojab ek gadele par litáwe aur hasab hidáyat mazkúrc bálá us ke užv ko roller bándh-

stitched to the splint, to prevent it slipping about. Thus prepared the splint is to be put on. The patient lies on his back on a mattress, and the limb having been rolled, as already directed, the body is steadied by one person and the leg gently pulled down, as it rests on the heel with the toes upwards, by another, who grasps the ankle, till the sole is brought level with that of the sound limb, and there kept. The arm on the injured side is now moved away a little from the chest, a pad put into the arm-pit, and into the middle of this pad, the upper end of the padded splint is gently pushed, and there kept by a bandage, which had been previously turned round the splint, and tied on its outer side. The long ends of the bandage are then passed across the chest, behind and before, crossed on the opposite side, brought back again, and tied upon the splint. Another bandage, fastened to the splint in the same way, is in like manner to be passed round the hips, and tied also on the out side of the splint. The broken limb is now to be fastened to the splint, with a roller four inches wide, and about sixteen yards long tacked in lengths of six yards long. The outer side of the limb is first gently brought close to the splint, and the ankle having been well fitted into the hole made for it, the limb and splint are held firmly together by the hands of one person on the thigh, one hand above and the other below the broken part, and the leg also by another person, who grasps it and the splint just below the knee, whilst the person pulling at the ankle grasps it and the splint together, still continuing to draw. The person who puts on the bandage now passes it two or three times round the foot, across the instep, upon which it is to be carefully tacked through all the turns. This done, the bandage is passed over the splint, and round the ankle two or three times, then again down under the sole of the foot into the fork of the splint, across the instep, round the ankle again, over the instep, under the foot and the fork of the splint, and again round the ankle, so that in this way the bandage forms a figure of eight from the leg to the foot, the crossing of which is on the front of the ankle. Great care is required in putting on this part of the bandage, as upon it rests the whole scheme of the treatment which consists in preventing the lower end of the broken bone being pulled up over the upper end. The

kar ek shakhs jism ko sídhá thánbe, aur ek shakhs tákhná pakré, wuh táng ko áhiste áhiste níche ko khínchhe jaise erí sahárí játí hai, aur unglíyán úpar ko hotí hain aur khínchí jáwe jab tak ki talwá us táng ká achchhí ke páñw ke talwe ke hamwár ho jáwe. Mazrúb taraf se báñh ko zará chhátí kí taraf sarkáwe aur ek gaddí baghal men rakkhe, aur us gaddí ke bích men upar ká sirá gaddí lagáí huí splint ká áhiste áhiste pahuncháwe, aur us jagah ek patrí se jo pahle splint par liptí huí thí dáb dewe aur báhar kí taraf se bándh dewe, aur lambe sire us patrí ke áge aur píchlie chhátí ke lákar aursámhne kí taraf ek sire par guzarkar úpar splint ke bándhe jáwen; aur ek dúsri patrí usí tarah gird kúlc ke lapeṭkar báhar kí taraf splint ke bándh dí jáwe. Túte hue užv ko splint ke sáh bazariḥ roller ke ki chár inch chaurá aur qaríb solah gaz lambá aur chhah chhah gaz ká lagá huá ho bándhá jáwe. Awwal báhar kí taraf se wuh užv áhiste áhiste splint ke pás láyá jáwe, aur tákhné ko darmiyán surákh ke ki pahlá kiyá gayá hai khúb áte hue kar ke us užv aur splint ko milákar jáng par háth rakhkar khúb mazbút pakré, ek háth túte hue užv ke úpar aur dúsra níche howe, aur dúsra ádmí táng ko pakré aur us táng aur splint ko níche gluṭne ke thánbe, aur ek ádmí tákhné ko khínch kar us tákhné ko splint se miláwe, aur barábar khínchta rahe. Aur jo shakhs ki patrí ko bándhe usko cháhiye ki do tíñ pher us ke pusht qadam se gird páñw ke dewe aur bad sab lapeṭ us kí baahtiyát tamám lapeṭí jáwen. Yih karke ek roller gird splint aur tákhné ke do yá tíñ martabe lapeṭe, bádhú páñw ke talwe ke níche se splint ke kánṭe men se us ko guzáre aur úpar pusht qadam ke aur gird tákhné ke lejákar yih us pusht qadam par se páñw ke níche lejákar us splint ke kánṭe men se nikálkar phir tákhné ke gird lejáwe is tarah ki us patrí kí bandish bashakal hindse áth angrezí ke táng se páñw tak ho jáwe aur sámhne tákhné ke taqáṭa kare. Is patrí ke bándhne men bahut alitiyát karní lázim hai, isliye ki isí par kul tadbír ıläj kí mauqúf hai: cháhiye ki níche ká sirá túti huí haddí ká upar ke sire par na khínchá jáwe. Úpar ká sirá splint ká baghal par sahárkar qáim kiyá jáwe aur aisí bát men ziyádá tawajjah kí jáwe ki páñw aur tákhné us ke níche ke sire par khínchkar miláyá jáwe aur is tarah se níche ká sirá túte hue sirá ustakhwán shikasta ká uske úpar ke sire ke barábar rakkhá jáwe. Aur jab yih bandish ho chuke to sifis qadar aur kám báqí rah játá hai ki táng aur jáng splint se is taur se bándhí jáwe ki roller ko us užv aur splint

top end of the splint resting in the arm-pit being there fixed, the intention is to keep the foot and ankle fast to its lower end, and thus preserve the position of the lower end of the broken end of the broken bone against its upper end. When this has been done, it only remains to bind the leg and thigh to the splint, by carrying the roller up again and again over the limb and splint, each succeeding turn of the roller slightly overlapping the foregoing one, till the hip be reached, and then three or four turns are made round the splint and hips, and the finish put to the whole by tacking the bandage firmly together. The limb is now gently laid down upon the mattress with the toes upwards, and to prevent the foot lolling to either side, which would disturb the position of the broken bone, a bandage should be passed once or twice round the ankle, its ends crossed upon the instep, passed once or twice round the foot, tied on the instep, and then its ends fastened one to each of the sides of the bed. This bandage if properly applied will not require to be reapplied for a fortnight or three weeks. Sometimes it happens that for the first few days after the broken limb has been set, there will be spasm in the thigh, which pulls up the lower broken end over the upper, and by thrusting its sharp points into the soft parts keeps up the spasm. When this takes place, it must be prevented by weighting the foot sufficiently, which is easily done by passing a bandage once or twice round the ankle, bringing its ends across the instep to the sole of the foot, and slinging a brick or a seven-pound weight which must hang over the bed foot, to which a bit of board about inches high should be screwed, so as to form a pulley on which the bandage may run and play. Generally, the need for the weight ceases after three or four days, the muscles having then become tired.

#### TO USE FOUR SPLINTS.

*Question.*—When should a broken thigh be set with four splints?

*Answer.*—If the accident happen at sea, or the person have to be moved from place to place, and liable to be shaken.

*Q.*—How do you apply the four thigh splints?

*A.*—The principal splint is the outer one, which must be of the same length, and be fastened to the body, and to the foot and the

ko lapeṭ diyá jáwe, har ek lapeṭ se pahlá lapeṭ thorá thorá dabitá jáwe jab tak ki bandish kúle tak pahunche, bādhú tín chár splint aur kúle par lagáe jáwen aur ákhir-ul-amar paṭti ko mazbút tānk dewen. Uzv ko áhiste áhiste gadele par ungliyán pánw kí upar karke rakkhí jáwen, aur pánw ko kisí taraf jumbish na hone páwe, taki mauqā tūtī huí hadlí ke men kuchh harj wáqa na howe bādhú ek paṭti se ek do lapeṭ dekar taṭkhne par bāndhe, uske sire bamuqám pusht pā taqatā karte hue ek do martabe gird pánw ke lipat jáwen aur níche se pusht par lákar un men girah lagáí jáwen aur bādhú us ke donon sire ek ek taraf chárpaí ke bāndh diye jáwen. Agar yih bāndish khúb bāndhí jáwe to do hafte se pahle tak uskí phir kholkar bāndhne kí zarúrat na hogí. Báz auqát aisá ittifáq ho játá hai, ki bād jornté tute hue uzv ke awwal ke chand roz tak basabab sarak jáne níche tūte hue sire ke úpar ke sire par jáng men chabak rahtí hai, kyunki us ke tez kináre muláyam azáe men chubte hai. Jab ki is taur sc chabak láhaq howe to us ko is tarah rafā kiyá jáwe ki pánw par jis qadar kásí ho bojh diyá jáwc, aur us kí tarkib yih hai ki ek lapeṭ yá do lapeṭ paṭti kí taṭkhne ke gird dekar aur us kí pusht qadam ke úpar sc pánw ke talwe par lákar ek pech yá ek bānṭ bawazan sáti pound yané sáre tín ser us men chárpaí ke páye se laṭkáyá jáwe aur us páye par ek tukrá taṭkhe ká taṭkminan ek inch únchá pech ke zariḥ se jaṛ diyá jáwe goyá ki ek charkhlí kí súrat banáwe ki jis par wuh paṭti phirtí rahe. Bojh laṭkáne kí zarúrat tín chár roz bād mauqúf ho játí hai jab ki paṭthe darmándé ho játé hain.

### CHÁR SPLINT KE ISTAMÁL KÍ TARKIB.

*Sawál.*—Túti huí jáng kí bandish chár splint se kis súrat men kí jáwe.

*Jawáb.*—Agar kisí shakhs kí tāng shor daryá ke safar men tāt jáwe, yá wuh shakhs ek muqám se dúsre muqám ko harkat kiya cháhe aur wuh láiq harkat pahunchne ke ho.

*S.*—Chár splint wabán par kyunkar lagate hain?

*J.*—Báhar ká splint bará splint mutsawwar hotá hai, wuh splint túl men us qadar hotá hai ki cháhiye ki mutábiq hidáyet mundarje

ankle in the manner already mentioned, but the whole limb is not to be bandaged up till the other splints are put on. One splint should be put on the inside of the limb which must reach from the fork of the thighs, to an inch below the inside of the sole of the foot, with a round hole cut in it to receive the inside of the ankle. Its upper end should be tied first with a handkerchief round the upper part of the thigh, to keep it steady, and afterwards the lower end fastened to the ankle and foot, and to the outer splint, with the roller which had already begun to be used. Another splint should now be put at the back of the limb just where the buttock joins the top of the thigh, to about two inches above the heel, and this lower end of the splint should be hollowed out a little so as not to dig into the skin. Two or three turns of the roller will steady this, and then the last splint must be put on in front. This front splint must reach from about an inch below the crease which separates the bottom of the belly from the top of the thigh, to an inch above the bend of the ankle. At the part where this splint will be upon the knee-cap, three or four incisions must be made across it about half an inch apart, and nearly through its thickness, so that the splint will bow here, otherwise the pressure it makes upon the knee-cap will be unbearable. This splint having now been put on the front of the limb, the roller is to be continued round, and run up to the top of the thigh, covering all four splints at the same time. In this way the limb will be enclosed in a long box, and it is hardly possible without violence to displace it. Great care must be taken to inquire constantly during the progress of the cure whether the splints pinch or wring any particular part; the ankles are most commonly the parts so annoyed. Whenever the person complains of this, the bandage should be cut through a little above or below, and several turns of it having been taken off, some lint or other padding must be gently pushed in to relieve it, and then the roller replaced, and carefully sewed together where it had been cut through. It will be necessary that either of these splints should be continued for at least six weeks; and if, at the end of that time, on taking the splints off, the person cannot raise his leg a little clear of the bed, and, more especially, if the thigh be noticed to bend at the broken part, the union is not perfect, and they must be put on again, for three or four weeks more; but this is not often

bálá ke jism par aur pánw par aur ṭákhné par bándhá jáwe, magar sáre užv par bandish nahín kí jáwe jab tak ki báqí ke splint na lagáe jáwen. Ek splint andar kí taraf užv ke lagáyá jáwe, aur jáng ke jangáse ke andar kí taraf talwe pánw se ek inch níche tak pahunche us men ek gol surákh kiyá jáwe tákki ṭákhna us men á jáwe. Us ká úpar ká sirá awwal rúmál se ás pás úpar ke sire jáng ke bándhá jáwe, tákki wuh sídhá qáim rahe; aur bád us ke níche ká sirá ṭákhné men aur pánw men aur báhar ke splint men bazariāḥ roller jisse bandish karní shurú kí ho bándhá jáwe. Ek splint aur užv ke píchhe jis muqám par ki surín aur jáng ká joṛ wáqá hai erí ke do inch úpar tak lagáyá jáwe, aur níche ká sirá splint ká zará khálí kar liyá jáwe, tákki jism ke post men na chubhe. Do tím lapeṭ roller ke dekar us ko mazbút kar diyá jáwe, aur phir ákhir ká splint sámhne kí taraf bándhá jáwe. Yih splint sámhne ká ek inch níche shikam sc ki darmiyán pendí shikam bích sire jáng ke wáqá hai ek inch úpar tak ṭákhná ke khám ke pahunche. Jis muqám par ki yih splint ghuṭne kí chapní par howe tím chár lapeṭ us jagah ádh inch ke fásle se qarib us kí moṭáí tak pahuncháwen tákki splint us jagah khám khá jáwe, warnc jo splint kí bandish se ghuṭne kí chapní par dabáo paṛegá us ká gawárá karná mushkil hogá. Jab yih splint sámhne kí taraf užv ke bandh chuke ek roller gird us ke lapeṭkar jáng ke sire tak pahuncháyá jáwc cháron splint ko barábar lapeṭtá chalá jáwe. Is tarah se wuh užv goyá ek lambe sandúq men mahsúr ho jáwegá, aur bidún zabardastí aur chírne ke uská ılahdah karná dushwár ho jáwegá. Is amar men ziyádah ihtiyát karní cháhiye ki is maጀjhali kí támíl men maríz se hamesha daryáft kar liyá jáwe ki splint kisí khás muqám par jism men chubhe yá us men kashish kare; is qism kí taklíf aksar ṭákhné par huá kartí hai. Jab ki maríz is amar kí shikáyat kare, cháhiye ki bandish zará úpar yá níche ko kát dí jáwe, aur us kí lapeṭ nikál kar kuchh lint kaprá yá aur qism kí gaddí áhisto áhisto us ke andar wáste taskín taklíf ke ghusá dí jáwe, aur bád us ke roller phir bándh diyá jáwe, aur us ko jahán jahán se kátá gayá hai phir ikháttá sí diyá jáwe. Yih bát zarúr hai ki in splint men se koí sá splint kam se kam chhah hafta tak bandhá rahe; agar is arse ke ákhir men barwaqt kholne splint ke wuh shaጀhs chárpái se ılahdah apní táng ko zará bhí útbá na sake, aur khasusan jáng us muqám se jahán tút gaí thi khám khátí malúm ho, to jáná cháhiye ki joṛ khúb nabín milá,

needed. Sometimes, though rarely, this straight posture cannot be borne, and it is necessary to place the limb, with the knee joint bent, over a double inclined plane.

**Q.—How is the double inclined plane made?**

**A.—**It consists of two boards half an inch thick, and two feet wide; one should reach from the sitting bone to the ham, and the other from the ham to an inch below the heel. They are then to be joined endways in such a manner as to form an angle, the ridge of which should be about six inches above the other ends of the boards, and prevented splaying by one or two braces at bottom. Some pegs are usually dropped into holes on each side of the broken limb, to prevent it slipping about. The broken thigh is now to be brought close to the sound one, and the knees and ankles having been tied with handkerchiefs, the knees are to be gently bent, the heels a little raised, and the inclined plane entirely covered with a large pad, six or eight folds of blanket thick, carefully pushed beneath them, which done, the limbs are gently dropped upon the plane. The further bandaging may be either simply tying the knees and ankles together with a pad between them as already described, or three short splints may be put on an outer one, extending from the top of the outside of the thigh to the outside of the knee; an inner one, from the fork of the thighs to the inside of the knee; and a front one, from a little below the crease of the groin to a little about the knee-cap. Three bandages or straps, guarded with a pad each, must be gently pushed beneath the thigh, where the pads are to be left to prevent cutting; and these ends of the bandages being brought out on the opposite side of the broken thigh, or tied each to its other end over the splints at the upper, lower, and middle parts of the thigh, as tightly as can be borne without pain.

#### BROKEN KNEE-CAP.

**Question.—How does this accident usually occur ?**

**Answer.—**Sometimes by falling upon it, but more frequently by the effort made to prevent falling, in making a false step on the

us súrat men tíñ chár hafte tak phir bándhí jáwe, magar aksar aísí zarúrat nahín huá kartí hai. Báz auqát agarche yih bát bahut sház hai ki aísí karí bandish maríz se sahárí nahín játí, us súrat men rakhná užv shikastá ká ghuṭne ke joṛ ko ḥam dekar us ke sáth úpar ḫhalwán̄ satah kí súrat musallis par rakkhá jáwe.

*S.—Wuh ḫhalwán̄ satah bashakal musallis kyunkar bantá hai?*

*J.—Us men do ta᷍hkte ádh ádh inch moṭe aur do do foot chauré lage hain, ek to joṛí huí haddí se rán tak, aur dúsra rán se ek inch níche tak erí ke. Bād us ke un ko sire kí taraf se aisá miláte hain ki ek záwiya ban játá hai, usí kí nok un ta᷍hton ke aur siron se chhah inch úpar howe, aur níche do tíñ bandish lagákar usko sarakne se báz rakkhá jáwe, donoṇ taraf se túte hue užv kí chand khún̄tiyán̄ banákar surákhon̄ men ghusá dí jáwen̄ har ek túte hue užv ke, táki us ko jumbish ná hone páwe. Bād us ke túti huí jáng salím jáng ke pás lái jáwe aur ghuṭna aur ta᷍hnon̄ ko rúmál se bándhkar ghuṭnon̄ ko áhisté áhisté jhuká dewe, aur erion̄ ko zará uṭhá de, aur us sáre ḫhalwáns satah par baṛí gaddí chhah yá áth tah kambal kí lagákar baahtiyát níche un ke sarkáí jáwe, yih karke azá ko áhisté áhisté satah par rakkhá jáwe. Bādhú sirif is taur bandish kí jáwe ki ghuṭna aur ta᷍hna ko ek sáth unke bich men gaddí hasb hidáyet mazkúra bálá ghusákar bándh diyá jáwe, yá tíñ chhoṭe splint báhar kí jáng ke sire se báhar kí taraf ghuṭne tak, aur andar ká splint jáng ke jangáse ghuṭne ke andar tak aur áge ká splint jangáse kí shikan ke zará níche se ghuṭne kí chapní ke zará úpar tak bándhá jáwc. Tíu paṭtiyán̄ yá tasma gaddí lagí huí áhisté áhisté jáng ke andar jis muqám par wáste dasatan kat jáne jism ke gaddí lagátc hain ghusáú jáwen̄, aur un ke sire túti huí jáng ke sámhne nikálkar ek ek sirá apnc apne dúsre sire ke sáth splint par úpar kí taraf aur níche kí taraf aur bich men jáng ke is qadar khainchkar bándhe jáwen̄, jis qadar khinchaó bilá wáq̄a hone taklís ke gawára kiyá jáwe.*

### BAYÁN TÚT JÁNE HADDÍ CHAPNI GHUTNA KÁ.

*Sawál.—Aksar yih zarab kyunkar á játí hai?*

*Jawáb.—Báz auqát basabab ghuṭna ke bal girne se, magar aksar auqát bawaqt koshish karne sambhalne men beqáidah pair paṇne*

stairs or in slipping off a foot-path : and immediately it is thus produced, the person drops like a shot, and when lifted up cannot stand on the limb of which the knee-cap is broken.

**Q.—What are the signs in such an accident ?**

**A.—**When after such a fall or slip, the person is incapable of bearing on that limb, and neither thigh nor leg be broken, and the movements of the hip, knee, and ankle are undisturbed, the knee is to be carefully looked at and felt. If this be done very soon after, and before much swelling comes on, there will be found, instead of the cap of the knee, a pit on the front of the joint about an inch and a half long into which the fingers immediately drop with the least pressure, above and below which will be found a bone, neither of which is so large as the knee-cap of the sound side, and which are much more moveable than it. These are, in fact, the two pieces, into which the bone is generally broken.

**Q.—What is the proper treatment to be followed in such accidents ?**

**A.—**The person must be put on his back in bed, with his head and body raised, so as to be in a half sitting posture. The thigh and leg are to be kept in the same straight line, and the foot and leg raised as high as can be conveniently borne, so that the whole limb bend upon the body at the hip joint. In this posture he is to be kept by a short sling, the upper part of which passes round his neck, and the lower round his foot and heel. In this way only can the broken pieces of bone be brought at all near together, for the muscles of the thigh pull up the upper piece and prevent it being drawn down, whilst the lower piece is so fixed to the shin bone, that it cannot move without moving that bone. The upper end of the bone is therefore left alone; but by bending the limb on the belly, the lower piece is brought up to or near it, and there kept by the sling. After the swelling, which is often very great, has gone down, generally at the end of a week, it is the common practice to put on one circular strap, or two or three turns of a roller upon the thigh immediately above where the upper piece of bone is felt, and sufficiently tight to prevent it slipping under. Another circular strap or roller is put in like manner upon the leg directly beneath the lower end. A couple of handkerchiefs tied

zíne par se yá phisal parne pair ke pagdandí par se chapní tút játí hai; jab ki chapní tút jáwe to wuh shakhs is tarah gir partá hai jaise kisí ke golí lagí ho, aur jab us ko utháyá jáwe to us ghuṭne se jis kí chapní tút gai ho khará nahín ho saktá hai.

S.—Chapní tútne ke ásár kyá hain?

J.—Jabki bäd isí tarah gir parne yá phisal parne ke wuh shakhs us ghuṭne par sahárá dene qabil na howe, aur jáng aur táng na tüté aur harkat kúle aur ghuṭne aur taqhne kí men kuchh qabáhat wáqá na howe, to us súrat men ghuṭne ko dekhá jáwe aur taṭolá jáwe. Agar filfaur aisá kiyá jáwo aur jab tak ki waram ziyádah na howe to bajái chapní ke us jagah joṛ ke sámhne deṛh inch lambá ghár málum hogá us men unglí bilá dabao kisí nau ke utar jáwegí, uske úpar aur níche ek haddí málum hogí, us men se koí haddí aisí barí hogí jaise ki salim páñw kí chapní hai, aur wuh ziyádah mutharrik málum hogí. Yih hí donon makhsús tukre hain jin ke bich men haddí aksar tút játí hai.

S.—Aisí súrat men kyá maáljah karná munásib hai?

J.—Wuh shakhs píth ke bal se chárpaí par liṭáyá jáwe aur us ká sir aur jism zará únchá rakkhá jáwe ki ádhá baiṭhá málum howe. Jáng aur táng ek hí khat-i-mustaqím men rakkhe jáwen, aur páñw aur táng is qadar únche útháe jáwen jis qadar útháne men taklíf málum na howe, is taur se ki sári táng jism par bamuqám joṛ kúle ke khám kháwe. Is súrat se jism ko bazariyah chhoté himáil ke rakkhá jáwe, upar ká sirá gird gárdan ke, aur níche ká sirá gird páñw aur erí ke guzará jáwe, sirif isí taur se párah háe ustakhwán shikaste jamá ho játé hain, jáng ke putthe úpar kí taraf khínchte hain, aur us ko níche kí taraf khínchne se báz rakhte hain, aur níche ká tukrá haddí ká pindlí kí haddí men aisá qáim hai ki bilá harkat dene us haddí ke us ko harkat nahín hotí. Is wáste úpar ká sirá haddí ká badastúr pará rahe, lekin jbukáne se us uzy ko úpar peṭ ke níche ká sirá us ke pás láyá jáwe, aur us jagah himáil men rakh diyá jáwe. Jab ki waram jo ziyádah báze auqát ho játá hai aur aksar arse ek hafte men rasā ho játá hai, to ám dastúr yih hai ki ek mudawwar tasma yá do tín pech roller ke jáng par us muqám se zará upar jahán úpar ká sirá haddí ká málum hotá hai bándhe jáwen, aur is qadar khínch diye jáwen ki phisal parne se mahfúz rahe, aur ek dúsra mudawwar tasma yá roller usí tarah se táng par durustí se

round these parts will answer the same purpose. These two circular bandages are now brought together, the upper one drawing down with it the upper piece of bone a little, by tapes, one from the other, and tied on each side of the knee. This posture and bandaging requires to be kept up about a month, when it may be removed. When the person first gets up, he is not very well able to bend his knee, which he finds very weak, his leg unable to support his weight, and that it cannot be thrown forward with steadiness and safety in stepping forwards.

*Q.—What is the reason of this unsteadiness ?*

*A.—It arises from the substance by which the broken bone is united, stretching, and if this stretching be great, as it occasionally is to several inches, he becomes quite lame and incapable of standing in consequence of the muscles which brace the leg to the thigh becoming lax by the lengthening of the new substance, allowing the upper part of the knee-cap to which they are fixed to rise above its proper place.*

*Q.—How is this laxity of the muscles to be overcome ?*

*A.—The person must sit upon a high table with his leg hanging over just clear of the knee, and then must swing it backwards and forwards till he can raise it straight with his thigh. When able to do this he must fasten a pound or two-pound weight to his foot and proceed as before. After which the weight is to be increased once or twice. Ten days or a fortnight's practice in this way will put the muscles to rights, enable them to brace the knee properly, keep it straight to support the body, and also throw the leg forward so as to render the person capable of walking safely.*

### BROKEN LEG.

*Question.—How would you treat a broken leg ?*

*Answer.—It is better to wait four or five days after the accident to allow any swelling to subside before splints are applied. During this time, the leg should be laid on its outside, upon a pillow with the toes and a little raised by a pad placed beneath the outside of the foot near the little toe, and the knee should be half bent.*

níche ke sire par lapetá jáwe, yá do rúmál in əzá ke gird lapeṭe jáwen to un se bhí kám chal jáwegá. Yih donoŋ mudawwar bandishen bazariaḥ síté ke pás pás láí jáwen, upar kí bandish se úpar ká sirá haḍdí ká zará níche ko jhuk jáwegá, aur har taraf ghuṭne ke bándh diye jáwen. Yih wazā aur bandishen qarib ek mahíne tak qáim rahan, aur bád ek máh khol diye jáwen. Jab ki wuh shakhs awwal uṭhtá hai to apne ghuṭnc ko bakhúbí jhuká nahín saktá, wuh ghuṭná us ko bahut kamzor malum hotá hai, aupt uskí tāng us ká bojh sahárne kí qabil nahín hotí, aur baistikhám áge nahín rakkhí játí, aur baitmínán qadam áge nahín baṛhayá játá.

S.—Is beqaimí kí wajjah kyá hai?

J.—Basabab phail jáne us medeh ke ki jis se ustakhwán shikasta juṛ játí hai, aur agar yih phailáo ziyádah ho jisse aksar kaí inch tak ho játá hai, tab wuh shakhs bilkul laṇgrá ho játá hai, khare hone ki qabil nahín rahtá, is wáste ki jin puṭṭhon se tāng jáng ke sáth khinčhí huí hai basabab phail jáne medeh ke dhíle ho játé hain, aur uṭhne men̄ jhaṭ úpar ká hissá chapní ká jis men̄ ki weh puṭṭhe lage hue hain māmúlí jagah se ziyádah úṭh játá hai.

S.—Dhílā honá puṭṭhon ká kyunkar rasā kiyá jáwe?

J.—Us shakhs ko cháhiye ki buland taḳht par baiṭhe, aur apni tāng ghuṭne se ilahdah níche laṭká de, aur áge aur píchhe kí taraf us ko harkat detá rahe jab tak ki us ko jáng ke sáth sídhá na uṭhá sake; jaisá ki aisá karne qabil ho jáwe us waqt ádh ser yá ser bhar bojh apne pánw men̄ bándh lewe aur badastúr sábiq phir harkat dená shurú kare; phir us wazan ko ek do martaba ziyádah kar lewe. Das pandrah din tak aisá karne se us ke puṭṭhe durúst ho jáwenge aur ghuṭne kí bandish un se khúb ho jáwegí aur sídhe hokar qabil sahárne jism ke ho jáwenge, aur tāng áge phailne lage aur wuh shakhs baitmínán chalne lagegá.

### BAYĀN TÚTÍ HUÍ TĀNG KĀ.

*Sawál.*—Tútí huí tāng ká kyá ilají kiyá jáwe?

*Jawáb*—Munásib yih hai ki chár pánch roz tak yá kam hone warm ke wáste bándhne splint ke intizár kiyá jáwe. Is ərsah men̄ tāng báhar kí taraf se ek takiya par rakkhí jáwe, aur ek gaddí báhar pánw kí unglion ke ki jis se chhotí unglí zará uṭhí rahan níche báhar kí taraf pánw ke pás chhotí unglion ke lagá den, aur ghuṭne

Before putting on the roller, the foot and the leg must be wrapped smoothly in a double fold of lint, otherwise the bandage, wet with a thick solution of gum, will stick to the hairs, and there will be much difficulty in getting the roller off afterwards. This done, the leg must be gently raised, and supported by two persons, one of whom holds it above the broken part, and the other below, with one hand around the ankle, by which a little pull is to be made, so as to prevent the broken ends of the bone overlapping. The roller is then to be put on, turning it first round the middle of the foot, and continuing it over the instep and heel on to the leg and up to the knee, taking care that each turn of the roller half covers the one just made. Having reached the knee, the roller must be turned round the leg in the same way downwards to the middle of the foot, and again upwards to the knee, and there left. The limb is then laid down on its outside upon a smooth pillow as before, and the front of the foot supported to such height, that the tip of the great toe and the knee-cap are on the same level. Care also must be taken that the leg should be put as nearly as possible in the same direction, as it would lie if it were unbroken. In course of twenty-four or thirty-six hours the roller will have dried, and a firm close fitting case is formed, in which the leg will be immovable. When the bandage is hard and firm, usually about the third day, the person may get up and move about. Sometimes it may be necessary to take the bandage off and re-roll it, if it pinch anywhere, or if, by shrinking of the soft parts, it get very loose, but usually it does not require to be meddled with till the end of the month, when it may be entirely removed. If splints be used, two are required, three or four fingers in width, according to the size of the leg, and reaching from the knee to the sole of the foot, each having a circular hole cut out where they will rest against the ankle. The splints having been thickly padded, the leg, placed as already directed with the knee bent, is to be gently raised, and one splint slipped beneath it along the outside of the leg; the other is laid upon the inside, and then both are fixed by winding a roller around them from the foot to the knee. The leg resting on the outside with the knee bent, is generally the best and the easiest position. Sometimes the broken ends of the bones will not drop into their proper place, or will not

ko ádhá ḱham diyá jáwe. Qabl az lagáne roller ke pánw aur táng par safáí se dohrá kaprá lint ká lapetá jáwe, warna patí ko gárhe solution gond men tar karke bándhí jáwen, jo ki bálon par chipat jáwegí, aur roller ke iláhda karne men barí diqqat hogí. Aisá karke táng ko zará únchá uṭhayá jáwe, aur do ádmí usko thágbe rahan, ek tau ádmí túte hue muqám se úpar pakre, aur dúsra níche se, aur ek háth apná ás pás ṭakhne ke rakkhe, aur use zará khenchtá rahe, taki túte hue sire haddí ke lipat na jáwen. Bādhú roller bándhá jáwe, awwal usko pánw ke ás pás bich men lapetkar pusht qadam aur erí tak táng men aur ghuṭna tak lapetá jáwe, magar yih ihtiyyát rahe ki har lapet se pahlá lapet nisf dabtā rahe. Ghuṭna tak pahunčákár roller táng ke gird usí taur se níche kí taraf pánw ke bich tak lapetá jáwe, aur phir úpar ghuṭna tak lapetkar chhoṛ diyá jáwe. Uzv ko báhar kí taraf sáf takiya par pahlí dasa ke muwáfiq rakkhe, aur pánw sámhn se aisi bulandí par sahárá jáwe ki pánw ke angúthe kí nok aur ghuṭne kí chapní ek ḱhat men hamwár ho jáwen; aur yih ihtiyyát rahe ki táng hatt-ul-imkán qarib qarib is waza se rakkhí jáwe ki jaise us súrat men rahe jab us men kuchh zarab na pahunčí ho. Chaubís yá chhabbís ghanṭe men roller khushk ho jáwegá, aur ek mazbút táng khána sá ban jáwegá ki jis men táng ko jumbish na ho sakegí. Jabkí bandish sakht aur mazbút howe, aksar tísre roz us shakhs ko cháhiye ki uṭhe aur chale phire. Baz auqát zarúrat kholne roller kí aur uske phir bándhne kí ho játí hai, jab ki kahín bhinch jáwe yá haṭ jáwe azái muláyam se, yá lapet dhílā ho jáwe, magar aksar ek mahíne ke ákhír tak uske chherne kí ahtiyáj nahín hogí; bād ek mahíne ke usko bilkul khol dálte hain. Agar istamál splint ká kiyá jáwe to do splint cháhiyen ki tín yá chahár ungal chauṭe mutábiq túl táng ke hon, aur ghuṭne se pánw ke talwe tak pahunčen, har ek men ek ek gol surákh katá howe, ki jahán se splint ṭakhne par saháre jáwen. Splint par motí gaddí lagákar aur táng hasb hidáyat maz-kúrah bálá ghuṭne ko ḱham dekar rakkhí jáwe, aur usko zará únchá uṭhayá jáwe, aur dúsra splint andar kí taraf lagáyá jáwe, aur uske bād pánw se ghuṭne tak roll bándhkar donon ko khench diyá jáwe. Táng ko báhar kí taraf aur sahárá dekar ghuṭne ko jhuka huá rakkhe, aksar bahut bahtar aur árambaḵsh waza tajwíz huí hai, baz auqát túte hue sire haddí ke apní apní jái munásib men nahíp wasi hote hain, aur yá is tarah táng ko rakhne se us muqám par qáyam

so remain when the leg is thus laid. It then becomes necessary to put the limb straight and resting on the heel; and if there be still any disposition in the broken ends of the bone to stick up, it will be necessary to weight the foot, as directed in the treatment of broken thigh, for a few days, till the disposition of the muscles to drag up the lower part of the bone ceases.

### ON BROKEN TOES.

**Question.**—What usually takes place when the toes are broken ?

**Answer.**—Toes are rarely broken without severe injury of the soft parts, and excepting in the first joints of the great toe, and that next to it, can only be discovered with difficulty.

**Q.**—What is the treatment to be followed in such an accident ?

**A.**—A piece of thick paste-board may be placed on the under surface of the toe, and fastened to it with a few turns of a narrow roller, the patient being kept quiet on his bed or sofa.

### COMPOUND FRACTURES.

**Question.**—What is meant by a compound fracture ?

**Answer.**—Broken bones, with wounds of the soft parts running down to them.

**Q.**—Are accidents of this nature considered dangerous ?

**A.**—Yes, and they are serious in proportion to the size of the wound, and the tearing and bruising of the soft parts. A compound fracture is most dangerous when a joint is involved in it. It is more serious in the lower than in the upper limbs, is more to be dreaded in the thigh than in the leg, and more in the arm above the elbow than below it.

**Q.**—What is the treatment to be adopted in such cases ?

**A.**—The great object is to make the accident a simple fracture by healing the wound as quickly as possible, which in the thigh

nahín rahte. Us súrat men zarúr partá hai ki us užv ko sídhá rak-khá jáwe, aur erí par sahárá diyá jáwe; agar phir bhí túte hue sire haddí ke thikána na baithen, tau us hálat men zarúr hai ki hasb hidáyat mundarjah maáljah jáng shikasta páñw par chand roz tak bojh bándhá jáwe, jab ki ek mílán puttha darbáb khinchne níche ke sire haddion ke mauqúf na ho jáwe.

### BYÁN TÚT JÁNE UNGLÍ PÁNW KÁ.

*Sawál.*—Jab páñw kí unglí tút jáwe us súrat men kyá hál hotá hai?

*Jawáb.*—Jab tak ki páñw ke muláyam ázá men zarab na pahunche tab tak unglí nahín túttí, aur angúthe ke pahle joṛ aur wuh joṛ ki us ke muttasil hotá hai us ke siwá paṭṭhá us zarab ká badushwári mālum hotá hai.

*S.*—Aisí zarab ke pahunchne men kyá iláj kiyá jáwe?

*J.*—Ek tukrá moṭí waslí ká unglí ke andar ke satah par lagáyá jáwe, aur kamchaurí roller ke chand lapet dekar us men bándh diyá jáwe. Aur bímár ko behis aur harkat chárpaí yá takhtposh par rakkhá jáwe.

### BAYÁN TÚT JÁNE HARDO HADDÍ YÁNE MURAKKAB KÁ.

*Sawál.*—Shikastagí murakkab kis ko kahte hain?

*Jawáb.*—Jab donon haḍdí tút jáwen aur naram azá men us jagah tak zakhm ho jáwe.

*S.*—Is qism kí zarben kuchh khatarnák hotí hain?

*J.*—Filwáqa jis qadar baṛá zakhm ho jáwe aur azái naram phaṭ jáwen yá pis jáwen us qadar ziyádah khatar hotá hai, shikastagí murakkab us súrat men ziyádah khatarnák hotí hai, jab koī muſasil us men á játá hai, wáqa honá shikastagí murakkab ká úpar ke užv men nisbat níche ke užv ke ziyádah khatarnák hai, jáng banisbat táng ke, kohní se úpar kc háth men nisbat kohní se níche ke háth men aisí zarab pahunchne se ziyádah khauf karná cháhiye.

*S.*—Aisí súrat men kyá iláj kiyá jáwe?

*J.*—Baṛí murád yih hai ki shikastagí murakkab ko jis qadar jald mumkin ho zakhm ko indamál karke ki jáng kí súrat men

especially is very difficult. In all cases it must be at first attempted to unite the edges of the wound by bringing them lightly together with strips of sticking plaster, and the limb should be covered with a light cold wet linen cloth, which must be repeatedly moistened by squeezing a wet sponge over it or by sprinkling it with water, as, by evaporation, it becomes dry.

*Q.—What is the object of this ?*

*A.—To regulate the inflammation which generally ensues, and is more or less severe.*

*Q.—How is the evaporation kept up ?*

*A.—The bed clothes are kept away from the limb by putting a cradle across it, over which the sheet alone should lie, care being taken, at the same time, that the edge of the sheet should be lifted up in two or three places so that there may be a current of air, otherwise the limb will be kept in a steam bath, and damaged rather than relieved. The use of a cradle is necessary only for the thigh or leg. The arm can lie on a pillow uncovered by the bed clothes.*

*Q.—Describe the state the patient generally at first falls into.*

*A.—Three or four days after the injury, the patient begins to get fidgetty, cannot sleep, or only gets short and disturbed sleep. He soon begins to be hot and thirsty; his head aches, he becomes more restless, has one or more shivering fits, and usually becomes worse towards evening; his mind wanders, or he even becomes delirious. The wound begins to discharge at first a dirty bloody sort of matter in small quantity, which by degrees increases, and if things go on well, changes its character to that of good matter, which is free from smell, about as thick as cream, and of a straw color. With the appearance of such matter the symptoms mentioned soon subside, the fever goes off, the sleep and appetite return.*

*Q.—Describe the second stage.*

*A.—In this stage the process called granulation commences, which is the formation of new flesh to fill up the gap formed by the injury, to pass through, before the broken ends of the bone can begin to knit together. This is a very perilous stage in the cure of the accident; for persons whose health has been broken*

khasúsan yih amar bahut muhál hai, har ek súrat men awwal yih tadbír kí jáwe ki bazariah pháye sticking plaster ke zakhmón ke kináre áhiste áhiste miláe jáwen, aur užv shikasta par kaprá linen ká lapetá jáwe, sponge ko bhigokar us par mutwátir pání nichörte rahan, zerá ki basabab urene pání ke wuh kaprá khushk ho játá hai.

S.—Is se kyá faidah mutsawwar hai?

J.—Wáste iatdál sozish ke ki aksar ho játí hai aur shiddat us kí kam aur besh hotí rahtí hai.

S.—Ikhráj bukhár kis tarah jári rakkhá jáwe?

J.—Chárpái ke kapre us užv se iláhda rakkhe jáwen, aur ek cradle yané lakrí ká sarposh rakh kar wuh užv us par rakkhá jáwe, cradle mazkúr par sirif ek chádar bichhái jáwe, aur yih ihtiyyát rahe kí kináre us chádar ke kaí jagah se únche uṭháe jáwen takí hawá hamesha us men ko átí rahe, warna wuh užv goyá hammám bukhár men rahegá, aur banisbat áram hone ke zarar pahunchegá, istamál cradle ká sirif wáste jáng aur táng ke zarúr hai; háth ek takiya par rakkhá rahe, magar kaprá us par na howe.

S.—Bayán karo ki awwal bímár kí kyá hálat hotí hai?

J.—Wuh shakhs beqarár hone lagtá hai, us ko nínd nahín áti, agar áti hai to khásíf, aur aisí ki us men bekal rahtá hai, aur jalan, garmí, aur tishnagí us par ghálib hotí hai, sir dard hone lagtá hai, iztaráb ziyádah hotá játá hai, ek yá ziyádah martabah larza charh átá hai, aur jiun jiun shám hotí áti hai, us kí hálat bigartí játá hai, us ká dil bhatakne lagta hai, aur balki hálat hiziyán ho játá hai, zakhm men se awwal thorá thorá mailá khún qism mawád nikalne lagtá hai, aur batadriy ziyádah hotá játá hai, aur agar súrat bihtarí kí malúm ho, to wuh mawád mubaddil hotá hai basúrat achchhe píb ke, aur badbú us men nahín rahtí, aur misl malái ke ho játá hai, aur rangat us kí misl ghás ke ho játí hai, aise mawád ke nikalne se ásár mazkúra bálá bhí rafá ho játé hain, aur bukhár játá rahtá hai, aur ishtahá aur nínd bahálat aslí ho játí hain.

S.—Darjah doyam ká hál bayán karo?

J.—Is hálat men wuh tarkib shurú hotí hai jis ko granulation yaní paidá honá naye gosht ká aur indamál honá surákh zakhm ká jo basabab zarab ke ho játá hai, pahle isse ki tûte hue sire haddion ke ápas men wasl hone lagen, aur yih hai ek bahut achchhí hálat maáljah karne men, aur yih darjah bahut khatarnák hai un logon

by intemperance, age, or any other cause, and if the injury have been to the lower limb, they most commonly die, unless the limb be cut off, and even this is a very uncertain remedy. If the constitution fail in this second stage, the feverish condition again sets in, the pulse becomes quick and weak, the countenance flushed with pink, alternate heat and violent perspiration, general wasting of the body, loss of appetite, dry brown tongue, restlessness, soon followed by delirium and death.

**Q.—**Directly the constitutional disturbance begins what should you do ?

**A.—**Poultice the wound, to encourage the formation of matter, as its appearance and production of a good sort, is, as has been mentioned, a very favorable symptom; the poultice must be continued until the wound is nearly or entirely healed.

**Q.—**Describe the medical treatment to be followed in the two stages.

**A.—**In the first stage, when the inflammatory condition is accompanied with strength, it will require checking with occasional doses of calomel and tartar emetic, which, however, must be employed with great discretion, as not unfrequently, and if the case go on badly, after three or four days, the symptoms assume a typhoid character, and instead of depressing the constitution, it will require support with wine and other stimulants, or the patient sinks at once. In the second stage, the inflammatory stage is of that kind depending on exhaustion, and then at once the constitution requires to be assisted by every thing which will prop up and strengthen it, wine, brandy, and strong nourishing broth, or nourishing easily digested food must be given often in very considerable quantities.

### DISLOCATIONS.

**Question.—**What is the meaning of a dislocation ?

**Answer.—**When a limb or part of a limb slips out of its socket or joint, it is said to be dislocated.

ke haq men jin kí ki umed zindagí munqata ho gaí ho, basabab zají umr ke, yá dígar wajah ke kamzor aur ƙharáb ho gaí ho, aur agar zarab níche ki už men pahunche to darsúrat na kátne us už ke wuh shakhs aksar mar játá hai, aur aísí tadbír yané kátne se kuchh iatbár sihat mutsawwar nahín. Agar tabiat is darje doyam men bigar jáwe to súrat bukhár phir gálib hotí hai, harkat nabz tez aur zají ho játí hai, chihrah tamtamáyá huá basiyáhí mál ho játá hai, garmí aur pasíne bárá bárá se láhaq ho játe hai, sárá badan dublá hotá játá hai, ishtahá rafá ho játí hai, zubán ƙhushk aur bhúrí ho játí hai, beqarárí aur us ke píchhe hiziyán láhaq hotá hai, aur bádhú maríz mar játá hai.

S.—Jis waqt ki tabiat men ƙhalal wáqa hone lage, kyá karna munásib hai?

J.—Zakhm par poultice lagáí jáwe taki paidáish píb ziyádah howe, zerá ki namúd hone aur paidá hone achchhí qism kí píb se jaisá ki úpar zikar huá, ásár nek záhir hote hai, istamál poultice ká jári rahe, jab tak ki zakhm qaríb qaríb yá bilkul indamál páwe.

S.—Kyá kyá dawá har do darje marz men istamál kí jáwen?

J.—Awwal darje men jab ki hálat sozish bahut zor ke sáth láhaq hotí hai rokná us ká kabhí kabhi bazariah istamál karne calomel aur tartar emetic ke munásib hai, magar is ke istamál men bahut hoshýári cháhiye, kaí martabah istamál un ká kiyá jáwe, agar súrat maríz bád tín chár roz ke badtar hotí jáwegí, to marz ká ƙhawás typhoid ho jáwegá, aur bajáe zauf karne tabiat ke zarúrat us kí sahárne ke bazariah istamál sharáb aur dígar mufarrah adwiyat ke ho jáwegí, warna maríz daftan ján bahaq ho jáwegá. Darjah doyam men sozish ká martabah us qism ká hotá hai, jis se táqat záil ho játí hai, to us súrat men aísí chízon ke istamál se tabiat ki madad kí jáwe, ki jis se tabiat mustahkim ho jáwe, aur quwwat ziyádah ho jáwe, sharáb aur brandy, aur qawí táqat baikhsh, yá táqat baikhsh hazam hone wáli khurák aksar kasrat ke sáth dí jáwe.

### BAYÁN UKHAR JÁNE JORON KÁ.

*Sawál.*—Mufásil ká ukharná kis ko kahte hai?

*Jawáb.*—Jab kí kof už yá jor apne khána se yá jor se phisal jáwe, us ko ukharná mufásil ká kahte hai.

**Q.—What joints are most apt to be dislocated ?**

**A.—The loose joints which admit of motion in every direction, as the shoulder and hip joints; while those which move like a hinge, as the elbow and knee joint, are more rarely dislocated, and require an unusual degree of violence to accomplish it.**

**Q.—In what direction may a round headed bone be dislocated ?**

**A.—It may be pushed backward, forward, upward, downward, or in any part of the circumference.**

**Q.—How may other kind of joints be dislocated ?**

**A.—Backward, forward, or to either side.**

**Q.—How is a bone known to be dislocated ?**

**A.—By there being a loss of the usual motion in the joint, by the limb being altered in its length or distorted, by there being great pain in the surrounding parts, and this pain increased on motion or pressure.**

**Q.—What are the causes of dislocation ?**

**A.—They are either internal or external; the internal causes are diseases of the joint or its appendages, relaxation of the ligaments or articular cavities. A white swelling sometimes partially dislocates the knee, and scrophula the hip joint. External causes of dislocation are such as blows, falls, violent wrenches or twists.**

**Q.—How is a dislocation known to be reduced ?**

**A.—By the limb recovering its natural length, shape, and direction, and by the patient being able to perform certain motions which he could not do when the bone was out of its place. There is a great and sudden diminution of pain, and sometimes the bone is heard to give a loud crack when going into its natural position.**

**Q.—After a dislocated bone is reduced, is there occasion for any further trouble ?**

**A.—Care must be taken to prevent a recurrence of the accident, by retaining the limb steady by appropriate bandages, which should be put as far as possible from the centre of motion. To the ankle and wrist splints may sometimes be necessary. After laxation of the shoulder joint, the arm is to be kept in a sling. If there is**

S.—Kaun kaun se mufásil aksar ukhaṛ jáyá karte hain?

J.—Dhíle mufásil ki jin men har jáníb ko harkat ho saktí hai, wehí aksar ukhaṛ játe hain, maslan kandhá aur kúlá, aur wuh mufásil ki jis kí harkat mislkabze ke hotí hai, jaise ki mufásil kohní aur ghuṭna ye bahut kam ukhaṛte hain, aur us kám ke anjám karne men basabab māmúlí ke ziyádah zor darkár hotá hai.

S.—Gol sire kí haddí kis simt se ukhaṛ játí hai?

J.—Áge, yá píchhe, yá upar, yá níche kí taraf yá bích men se kisí taraf sarak játí hai.

S.—Aur mufásil kis tarah utar játe hain?

J.—Áge, yá píchhe, yá donoṇ taraf sc.

S.—Kyunkar daryáft kiyá jáwe ki haddí ukhaṛ gaṛ hai?

J.—Mufásil mazkúr men basabab māmúlí ke harkat kam ho játí hai, aur us ӯzv ke túl men faraq par játá hai, yá us ӯzv men kaj wáqá hotá hai, ás pás ke azá men bahut dard hone lagtá hai, aur wuh dard dabáne yá harkat karne se ziyádah hotá hai.

S.—Sabab ukhaṛ jáne mufásil ke kyá hain?

J.—Yá to koí sabab andrúní hotá hai yá berúní. Mufásil yá mutalaqát mufásil, dhíle hone patīhe yá articular cavity ká árzá andrúní men dákhil hai, wáqá honá waram sufed ká baz auqát ghuṭna ke mufásil ko kuchh ek ukháṛ detá hai, aur wáqá honá kanthmálá ká kúle ke mufásil ko berúní sabab ukhaṛne mufásil ke sadma aur gir paṛná aur jhaṭak yá moch shadíd mutsawwar hotí hain.

S.—Kis tarah malúm howe ki mufásil ukhřá huá durust ho gayá?

J.—Uzv kí harkat aur wasat aur simt bahálat aslí ho játí hai, aur maríz baz harkát ke bahálat ukhaṛ jáne ustakhwán us se nahín ho saktí thi, karne lagtá hai, dard dafatan bahut kam ho játá hai, aur baze auqát jab haddí apne ṭhikánc men játí hai to us men seek zor kí áwáz nikaltí hai.

S.—Jab ki ukhří huí haddí wasl ho játí hai, to kuchh aur bhí diqqat karne partí hai yá nahín?

J.—Ukhří huí haddí ṭhikáne baith jáwe, ahtiyát is amar kí kí jáwe ki phir na ukhaṛ jáwe, isliye lázim hai ki ӯzv ko bazariah bandish munásib, aur wuh bandish ke jis qadar sídhá qáim rakkhaṛ jáwe, aur mumkin ko, us qadar fásile par rakhkar harkat se lagđí jáwe. Baz auqát ṭakhne aur kaláí men splint bándhne kí zarúrat

any appearance of inflammation or swelling taking place from the accident, or from the force employed in reduction, a cold lotion is to be kept to the place, and even leeches may be necessary, with a saline purgative.

**Q.—What is the meaning of a compound dislocation ?**

**A.—Compound laxations are those which are attended with a wound communicating with the cavities of the injured joints.**

**Q.—Is there any danger attending compound laxations ?**

**A.—**They are often attended with very great danger; the reduction must be effected as gently and as quickly as possible. The wound is to be cleared from dirt or any extraneous matter, and its lips are to be brought together by adhesive plaster. The limb is to be bound with the proper splints and bandages, and to be kept cool by refrigerant lotions, and if there is much constitutional excitement, bleeding large and general, is to be put in practice. Saline draughts and antimonial medicines must be resorted to, if febrile symptoms present themselves, and purgatives also, provided they do not subject the patient to too much motion of the injured part.

**Q.—What are the signs usually of a favorable termination of the injury?**

**A.—The febrile symptoms abating, and the local inflammation not running to any great extent.**

**Q.—What are the unfavorable signs ?**

**A.—Violent inflammation attacking the joint followed by suppuration, and all the dangers and symptoms of hectic fever.**

#### DISLOCATION OF THE JAW.

**Question.—What are the signs of a dislocated jaw, and how does it usually occur ?**

**Answer.—**It mostly takes place in gaping, when the lower jaw being violently and quickly drawn down, its joint ends slip from their sockets, and the jaw becomes firmly fixed, keeping the mouth wide open. The face in consequence is lengthened considerably: the expression altered and vacant, the power of speaking lost; and any attempt at utterance producing only strange and incom-

hotí hai, ki bad utar jáne mufásil kandhe ke háth ko himáil men rakkha jáwe; agar kuchh sozish yá waram basabab is sadma ke yá charháne ke waqt zor pahunchne se namúd ho áwe to thandá lotion us jagah par lagáyá jáwe, ya jonken lagáí jáwen, aur julláb namak ká liyá jáwe.

S.—Compound dislocation se kyá murád hai?

J.—Compound dislocation se murád yih hai ki mufásil ukhre hue ke surákhon tak zaķhm ho jáwe.

S.—Compound dislocation men kuchh bará ķhatrá bhí ho játá hai?

J.—Bárhá aise māamlc men bahut bará ķhatrá ho játá hai, jis qadar sahuliyat aur shitábí se mumkin ho; us uvz ko charhá diyá jáwe zaķhm ko matrí yá dígar medch berúní se sáf kiyá jáwe, aur kináre zaķhmon ke bazariah chipaknewále marham se milae jáwen; uvz ko splint aur patrí hae munásib se bándhá jáwe, aur thandá lotion lagákar us ko thandá rakkhen; agar tabiat maríz qawí ki hai to ám aur ziyádah iķhráj khún kí tadbír kí jáwe. Saline draughts yane namkín pání aur antimonial adwiyát darsírat namúd hone ásár bukhár ke istamál kí jáwen aur múshil bhí diyá jáwe, is wáste ki bímár ke ukhre hue joṛ par ziyádah harkat na pahunche.

S.—Súrat bihtarí kí is hálat men kyá hotí hai?

J.—Alámat bukhár kam aur sozish khún bhí kam hona.

S.—Alámat raddí is marz kí kyá hotí hain?

J.—Jab ki joṛ par sozish shadíd ho jáwe, aur us ke bad pakáo ho jáwe, aur ķhatra aur alámateñ hectic bukhár kí namúd howen.

### BAYÁN JABRE KE UKHAR JÁNE KÁ.

*Sawál.*—Ukhre hue jabre ke ásár aur us ke ukhañne kí māmúlí wajuhát kyá hain?

*Jawáb.*—Jabrá aksar jambhái lene men utar játá hai, jab kíniche ká jabrá zor se aur shítábí se níche utre us ke joṛ ke sire khána men se nikal játé hain, aur jabrá qáim rah játá hai, aur munh khulá rah játá hai. Is báis se chihrah bahut lambá ho játá hai, guftgú badal játí hai, aur khálí áwáz nikaltí hai, qúwwat nátiqá játí rahatí hai, aur jo wuh shakhs bolne ká irádah kare to ajib áwáz ná

prehensible noises, and the oddest contortions of the countenance possible by the various shifts the person employs in endeavoring to make himself understood.

*Q.—How is a dislocated jaw reduced ?*

*A.—The patient being seated on the floor, and his head resting against the operator's knees, who stands behind him, two pieces of hard wood about the same size, or the handles of two forks, are to be passed into the mouth one at each corner, and to be pressed back as far as they will go, between the back teeth on each side and there held by another person. The operator then bending over the patient, and passing his own fingers between one another so as to make a loop of both hands, places them under the chin, and pulls it up so as to close the mouth. As this is doing, the joint ends of the jaw bones are made to descend, and as soon as they reach the edge of their sockets, are pulled into place, and the dislocation is reduced. Care must be taken that the pulling up of the chin be made level, and that the pieces of wood or fork handles both retain their place, otherwise if it be unequal, or one of the forks slip, only one side of the jaw goes in, and very commonly in attempting to reduce the other, it slips out again, as this is often repeated several times to the equal vexation of the doctor and patient. When this accident occurs the first time, the jaw should be kept closed for two or three days, by passing a bandage once or twice round the top of the head and under the chin; and the person should be advised to be cautious how he laugh or yawn too widely, as when the jaw has once slipped out, it readily does so again in either of these actions.*

#### DISLOCATION OF THE ARM INTO THE ARM-PIT.

*Question.—What are the signs of a person having dislocated his arm into the arm pit ?*

*Answer.—He is incapable of getting his elbow close to his side or of raising it to a level with his shoulder.*

*Q.—How is such a dislocation commonly reduced ?*

*A.—The patient and the person who is to pull the arm into place both lie down on the floor side by side but in contrary direc-*

samajhne qábil misl ghul ke nikaltí hai, aur hatt-ul-wasa chihrah men ajab tarah kí salwaṭ dálkar anwá anwá kí tadbír se wuh shakhs dúsre ko apná manshá-i-mashhúm karne men saj kartá hai.

S.—Ukhre hue jabre ke charháne ke liye kyá tadbír kí jáwe?

J.—Maríz ko farsh par bitháyá jáwe, aur us ká jabrá charháne-wále ke ghuṭna par ki wuh píchhe khará howe rakkhá jáwe, do barábar tukre sakht lakrí ke yá do kánṭon ke daste muṇh ke har ek kone men ghusáe jáwen, aur donoṇ taraf pichhle dánton men ko jahán tak já saken jáne dekar ek ádmí ke háth men pakrá dewen. Maálíj us waqt maríz ke úpar jhukkar aur apní ungliyán ápas men gánth lewe aisá ki donoṇ háthon ká ek halqa baná le, aur us halqa ko zer zanahkádán rakhkar aise zor se úpar ko uṭháwe ki muṇh band ho jáwe. Aisá karte hue jabre kí haddí ke níche sira utáre jáwen, aur jab ki apne khána ke kináre par pahunčhe, us waqt un ko un kí jagah par utár diyá jáwe, is taur se jabrá charh játá hai. Is amar men ziyádah ahtiyát rahe ki thoṛí ko hamwár kar ke únchá uṭhá de aur we lakrí ke tukre yá kánṭe ke daste apní apní jagah par qáim rahan, agar thoṛí ke uṭháne men kaj rahegá yá koí sá tukrá sarak jáwegá sirif ek taraf se jabre ká joṛ milcgá, aur aksar dusrá joṛ milátí daṣa wuh pahlá joṛ phir nikal jáwegá, aur jo aisáhlí kaí martabah karne ká ittafq hogá to doctor aur maríz donoṇ diq honge. Jabaisá sadma awwal martabá pahunčhe to lázim hai ki jabre ko do tíñ roz tak ek pattí ke do yá tíñ lapeṭ sir ke úpar aur thoṛí ke níche lagákar band rakkhá jáwe, aur us shakhs ko hidáyet kí jáwe ki ziyádah muṇh kholkar hañsne men yá jambhái lene men ahtiyát rakkhe, is liye ki jab ek martabah jabrá apní jagah se ṭal gayá yá jambhái lene men phir jaldí se ukhaṛ jáwegá.

### BAYĀN KHUL JÁNE BÁNH KE JOR KÁ BAGHAL MEN SE.

*Sawál.*—Ásár daryáft ukhaṛne joṛ báñh ke baghal men se kyá hain?

*Jawáb.*—Us súrat men wuh shakhs apní kohní apne pahlú tak nahín lá saktá hai, yá kandhe ke hamwár nahín uṭhá saktá hai.

S.—Is joṛ ke charháne kí riwájí tarkíb kyá hai?

J.—Jis ká joṛ ukhaṛ jáwe aur jo shakhs us ko charháwe we donoṇ pahlú ba pahlú farsh par lete hain, magar mukhtalif taraf se,

tions, so that the feet of the one are at the shoulder of the other, or the side where the displacement is. The operator then having taken off his shoe, and put a folded towel in the patient's arm-pit, puts his foot upon it, between the chest and the arm, using the right foot if the right shoulder is dislocated, and the left foot, if the left shoulder. He then grasps the patient's wrist with both hands, and pulls the arm down steadily. At the same time, he tells the patient to make some little change in his position, and thus inducing him to call some other muscles into action, the resistance to the reduction, which the muscles of the dislocated shoulder had been previously offering, is for a moment suspended, and at that moment the operator pulls a little more vigorously, and generally the bone immediately returns to its socket with a more or less loud snap.

#### DISLOCATION OF THE THIGH AT THE HIP JOINT.

*Question.*—How would you proceed to reduce a dislocated thigh?

*Answer.*—In the absence of proper pulleys, the patient and the operator should both lie down on their backs, and assistants hold the hips of the former steady, so that they shall not sway about. The operator then puts his leg, after having taken off his shoe, between the patient's legs, and presses his foot close up to the fork, which must be protected with a towel; he then grasps the patient's ankle with both hands and pulls, bids his patient change his position a little, and whilst he is thus engaged, pulls a little more briskly, and probably succeeds in replacing the bone, which goes in with a snap, more especially if the accident has recently occurred.

#### DISLOCATION OF THE THUMB.

*Question.*—How would you proceed to reduce a dislocated thumb?

*Answer.*—A piece of soft leather should be placed round the thumb, over this a piece of strong tape, in the form of the clove hitch, by which extension is to be made, counter-extension being made at the wrist, or between the thumb and forefinger. When reduced, a compress and bandage are to be applied.

yane is taur se, ki ek ke pánw dusre ke kandhe ke pás yá us jagah par rahan jahán se joṛ ukhaṛ gayá ho. Maálíj apná jútá utárkar aur ek liptá huá rúmál maríz ke baghal men dálkar dahná pánw úpar chhátí aur báñh ke bích men rakkhe, aur jo dahná kandhá utra ho to dahná pánw, aur jo báyan kandhá utrá ho to báyan pánw, is kám kc liye rakkhe. Bäd us ke maríz kí kalái donon háthon se pakre, aur báñh ko sídhá kar ke níche kí taraf khainche. Us waqt maríz ko yih kah dewe ki zará karwaṭ badle us waqt basabab mutharrik hone dígar pat̄thon ke ukhre hue kandhe ke pat̄the jo barwaqt charháne us ke muzáhimat karte the, wuh muzáhimat wáste ek lahzah ke mauqúf ho jáwegí, chunánchi us lahze men wuh maálíj us ke khainchne men zará ziyádah zor karc, aur aksar is taur se wuh haddí jald kam yá ziyádah áwáz se apne kháne men á játí hai.

### BAYÁN UKHAR JÁNE JÁNG KÚLAH KE JOR MEN SE.

*Sawál.*—Ukhre hue kúle ko kyunkar charháyá jáwe?

*Jawáb.*—Darsúrat na maujúd hone charkhí munásib ke maríz aur maálíj donon píth ke bal let rahan, aur dígar shakhs maríz ke kúloṇ ko sídhá pakren, aisá ki kúle kisí jánib ko jhukne na páwen. Maálíj bäd jútá utárne ke apní tāng ko maríz kí tāngon men rakkhe, aur jáng ke fork yáne dushákhe par apne pánw se dabáwe, magar us dabáo kí jagah ko rúmál báñdhkar mahsfúz kiyá jáwe; bäd us ke maríz ke ghuṭna ko donon háth se pakre, aur maríz ko kahe ki zará karwaṭ badle; jab wuh karwaṭ lene lage us waqt zará zor sc khainche, ghálib hai ki is taur se haddí ko wasl karne men kámyáb howe, wuh haddí chatákha ke sáth, khasús agar sirif chand roz se ukhri ho, apní jagah par pahunčegí.

### BAYÁN UKHAR JÁNE PÁNW KE ANGÚTHA KA.

*Sawál.*—Pánw ke angútha ke charháne kc liye kyá tadbír kí áwe?

*Jawáb.*—Ek tukrá muláyam chamṛe ká angútha ke gird lapetá áwe, aur us par ek tukrá mazbút niwár ká bashakal clove hitch yanc der girah ke bándhá jáwe, aur us girah ko pakaṛkar khainchá áwe aur kúlah ko pakaṛkar dusrí taraf khainchá jáwe, yá angútha sur ungliyon ke bích men se khainchá jáwe. Bäd charh jáne angúha ke gaddí lagáke bandish bándh dí jáwe.

P A R T V I.

---

THREE HUNDRED QUESTIONS RELATING TO  
HOSPITAL DUTY.

BA'B SHASHUM.

MUSHTAMIL U'PAR TI'N SAU SAWA'LAT KE KI  
JO SHAFAKHA'NA KE KA'MON SE ILA'QA  
RAKUTE HAIN.

P A R T V I.

THREE HUNDRED QUESTIONS RELATING TO  
HOSPITAL DUTY.



1. What is the matter with you ?
2. How long have you been ill ?
3. Are your bowels open ?
4. Put out your tongue.
5. Have you any pain ; where is the pain ?
6. Why did you not come to hospital before ?
7. Have you any fever ?
8. At what time does the fever come on ?
9. Have you any shivering at the time ?
10. Does the fever come on at the same hour daily ?
11. How long have you been purged ?
12. Is there any blood or slime in your stools ?
13. Can you swallow a pill ?
14. When did you burn or scald yourself ?
15. Are you often troubled with asthma ?
16. Have you any pain in your throat or chest ?
17. Does it hurt you to draw in your breath ?
18. Do you feel very feeble ?
19. How long has that swelling been coming ?
20. Have you any pain about your heart ?
21. Have you ever had a cataleptic fit before ?
22. How long have you had this cough ?
23. Have you pains over your body with stiffness ?
24. When did this purging and vomiting come on ?
25. Have you been eating or drinking anything to disagree with you ?
26. Did you drink cold water when in a perspiration ?
27. Have you any pain about the navel ?
28. Does the pain come on and go off again at times ?

## BA'B SHASHUM.

MUSHTAMIL U'PAR TI'N SAU SAWA'LA'T KE KI JO SHA-  
FA'KHA'NA KE KA'MON SE ILA'QA RAKHTE HAIN.



1. Tum ko kyá bímárí hai ?
2. Kitne dinon se bímár ho ?
3. Tumko pákhná muwáfiq mämül ke átá hai ?
4. Apní zubán báhar nikálo.
5. Kyá tumko kahíñ dard mälüm hotá hai, kahán dard hai ?
6. Shafákhána men áj tak kyuñ na áé ?
7. Tum ko kuchh bukhár hai ?
8. Tum ko kis waqt tap chárhtí hai ?
9. Tap chárhne ke waqt kuchh larza bliñ hotá hai ?
10. Tap har roz ek hí waqt chárhtí hai ?
11. Tum ko kitne dinon se dast áte hain ?
12. Tumháre daston men khún yá áñw bhí mälüm hotí hai ?
13. Tum golí dawá kí nigal sakte ho ?
14. Kab tumhárá badan ág yá garam páni se jalá ?
15. Kyá tum par damá aksar zor kartá hai ?
16. Tumháre gale men dard hai yá chiháti men ?
17. Kyá tum ko sáys lene men dard mälüm hotá hai ?
18. Kyá tum ko bahut naqáhat mälüm hotí hai ?
19. Yih warm kab se shurú huñ ?
20. Tumháre dil ke ás pás kuchh dard hai ?
21. Tum ko kablí áge bhí cataleptic kí bári huí hai ?
22. Yih khánsí tum ko kab se huí hai ?
23. Kyá tumháre badan men dard sáth akráhañ ke hotá hai ?
24. Tum ko dast aur qák kab se hai ?
25. Kuchh tumne kháyá piyá hai jisse tumhárá jí matlátá hai ?
  
26. Kyá tumne pasíne men thandá páni piyá hai ?
27. Tumhárí náf ke pás kuchh dard hai ?
28. Kyá yih dard kabhí hone lagta hai aur kabhí játa rahi hai ?

29. Have you any pain about the bladder ?
30. Do you feel a constant inclination to make water ?
31. Does it hurt you, when I put my hand on it ?
  
32. Do you feel a burning or throbbing there ?
33. Have you been smoking bang or churrus ?
34. What is it, then, that makes you shake so ?
35. Have you been sleeping outside your house at night ?
36. Have you been subject to epilepsy since childhood ?
37. Do you feel faint or giddy ?
38. Have you any pain at the pit of the stomach ?
39. Are you very thirsty ?
40. How long is it since you first perceived the discharge ?
  
41. Have you ever had gonorrhœa before ?
42. Have you any scalding when you make water ?
43. Have you any erection of the penis at night ?
44. Do you ever see any blood in your urine ?
45. How long have you been spitting blood ?
46. Do you often spit blood ?
47. Have you any heat or pain at the rectum ?
48. Do the piles bleed when you go to stool ?
49. Does your rectum ever fall down when you go to stool ?
50. Does the pain shoot to your back and shoulder ?
51. Is the pain increased by pressure ?
52. When did the dog bite you ?
53. Was the dog killed at the time ?
54. Are you quite sure the dog was mad ?
55. Who saw the dog besides yourself ?
56. How long is it since this man was struck down by the sun ?
57. How long have you had this eruption ?
58. Have any of your family had the same disease ?
  
59. How did it first come on ?
60. How old are you ?
61. Are you married ?
62. Have you any children, how many ?
63. Are you subject to rheumatism ?

29. Kyá tumháre masána ke pás kuchh dard hotá hai ?  
 30. Kyá tum ko hájat pesháb kí har waqt malúm detí hai ?  
 31. Kyá tum ko is jagah hamáre háth dharne se taklís malúm detí hai ?  
 32. Kyá us jagah jalan aur lapak malúm detí hai ?  
 33. Kyá tum bhang yá charas piye hue ho ?  
 34. Phir kyá sabab hai ki tum itná kánpte ho ?  
 35. Kyá tum apne ghar men rát ko sáya men nahín sote ?  
 36. Kabhí tum ko mirgí bachpan men bhí huí thi ?  
 37. Tumko ghash átá hai yá sir phirtá hai ?  
 38. Peṭ ke tale kuchh dard malúm hotá hai ?  
 39. Kyá tumko piyás zore kí lagtí hai ?  
 40. Kitní muddat huí ki tumne us men se awwal mawád bah-tá dekhá ?  
 41. Tum ko kabhí pahle bhí sozák huá hai ?  
 42. Pesháb karne ke waqt sozish bhí hotí hai ?  
 43. Rát ko tum ko naúz bhí hotá hai ?  
 44. Kabhí tumháre pesháb men khún bhí malúm hotá hai ?  
 45. Tum kab se khún thúkte ho ?  
 46. Tumháre thúk men lahú aksar átá hai ?  
 47. Dubar ke ás pás kuchh dard aur jalan hai ?  
 48. Dast ke sáth bawásír ká khún bhí átá hai ?  
 49. Pákhána phirne ke waqt kabhí káñch nikal átí hai ?  
 50. Yih dard tumhárí kamar aur kokh men mártá hai ?  
 51. Kyá dard dabáne se ziyádah hotá hai ?  
 52. Tum ko kutte ne kab kátá ?  
 53. Kyá us kutte ko us waqt már dálá thá ?  
 54. Tum ko khúb yaqín hai ki kuttá díwáná thá ?  
 55. Tumháre siwá kisí aur ne bhí kuttá dekhá thá ?  
 56. Kitná ərsa huá ki yih admí dhúp kháne se gir pará ?  
 57. Kitne dinon se tumháre badan par phunsí hai ?  
 58. Kisí ko kabhí tumháre kunbe men se yih bímári láhaq huí thi ?  
 59. Awwal kyunkar yih bímári láhaq huí ?  
 60. Tumhárí kyá ȳmr hai ?  
 61. Tumhárí shádí ho gaī hai ?  
 62. Tumháre bál bachche bhí hain, aur kitne hain ?  
 63. Kyá tum ko gaṭhiyá kú khalal rahtá ha ?

64. When did your joints begin to swell ?
65. Have you pain on both sides of your loins ?
66. Does the pain descend on the outer side of your thigh ?
67. Is the pain increased when you move about ?
68. Have you received a blow over your kidneys ?
69. Have you lately twisted yourself, or had a heavy fall ?
70. Did you ever pass a stone when making water ?
71. Can you see by day or night best ?
72. Do you feel as if you had sand in your eye ?
73. Is the pain increased by the light ?
74. Is your sight very much affected ?
75. When did you become paralytic ?
76. Is your taste, smell, or hearing affected ?
77. Does the pain dart through your left shoulder-blade upwards to left collar bone and shoulder ?
78. Are you obliged to lay in that position ?
79. Cannot you lay in any other posture ?
80. Bend yourself a little forward, cannot you ?
81. Cannot you lie on your right or left side ?
82. Draw up your legs towards your belly.
83. Now stretch them out straight.
84. Are your ankles weak ?
85. Stretch out your right arm, now your left.
86. Now lift them both over your head.
87. Draw in a full breath, now cough.
88. Open all your fingers wide.
89. Have you ever had disease of your lungs ?
90. When you cough, do you ever spit up matter ?
91. What disease did your parents die of ?
92. What part of your chest is the pain in ?
93. Does it hurt you to lie on that side ?
94. Are you obliged to sleep sitting upright ?
95. How long is it since you made water ?
96. Have you got a stricture in your passage ?
97. Have you been putting any thing up your passage ?
98. Did the stricture come on after a gonorrhœa ?
99. Show me both of your hands and wrists.
100. How long has your spleen been swollen ?

64. Kab se tumháre joṛon men sújan shurú huí ?  
 65. Kyá kamar ke donon taraf dard hotá hai ?  
 66. Kyá dard níche utar ke rán ke úpar kí taraf hotá hai ?  
 67. Kyá dard t̄halne se ziyádah hotá hai ?  
 68. Tumháre gurde par kahín choṭ to nahín lagí ?  
 69. Kyá in dinon men tumháre moch ái yá tum gir pare ho ?  
 70. Kabhí tumhári pesháb men kənkaṛ bhí niklá hai ?  
 71. Tum ko din men ziyádah dikháí detá hai yá rát ko ?  
 72. Áṅkhoṇ men tum ko ret sí bharí huí malúm detí hai ?  
 73. Roshní men dard ziyádah ho játá hai ?  
 74. Kyá tumhári áṅkhoṇ se bahut kam dikháí detá hai ?  
 75. Tun ko kab se fálij huá hai ?  
 76. Kyá tumháre záiqá, shámuh yá shunwá men farq ágayá hai ?  
 77. Kyá dard níche se báin katf men hoke úpar ko haslí aur  
 kandhe ke chubak mártá hai ?  
 78. Siwá is balke, kyá tum aur taraf nahín let̄ sakte ho ?  
 79. Kyá tum kisí aur taraf nahín let̄ sakte ?  
 80. Agar tum áge kí taraf jhuk sakte ho to jhuko.  
 81. Kyá tum dáhiú yá báin karwaṭ nahín let̄ sakte ?  
 82. Apní t̄áṅgoṇ ko peṭ se miláo.  
 83. Ab unko sídhá phailá do.  
 84. Kyá tumháre ṭákhnón men tāqat nahín hai.  
 85. Apná dáhiná bázú phailáo aur ab báyán.  
 86. Ab donon báhen apne sir se únchí karke kharí karo.  
 87. Sáns úpar ko lo, ab khánsó.  
 88. Tamám apní uṅgliyán kholkar phailáo.  
 89. Tum ko kabhí phepre ká bhí marz láhaq huá hai ?  
 90. Khápsne men khankár ke sáth kabhí píb bhí átí hai ?  
 91. Kaun bímári tumháre má báp ko marne ke waqt huí thí ?  
 92. Chhátí men kis muqám par dard hotá hai ?  
 93. Is karwaṭ letne se kyá dard hotá hai ?  
 94. Kyá tum ko siwá baithne ke nínd nahín átí hai ?  
 95. Tum ko pesháb kiye hue kitná arsa huá ?  
 96. Tumháre pesháb ke raste men kuchh rukáo hai ?  
 97. Kyá tum ne pesháb ke raste men kuchh chíz chárhái hai ?  
 98. Kyá yih rukáo bád suzák ke wáqá huá ?  
 99. Ham ko apne donon háth aur pahupche dikháo.  
 100. Kitní muddat se tumhári tillí bárh gaí hai ?

101. Have you had ague lately?
102. Have you been taking mercury lately?
103. Have you ever been vaccinated?
104. Have you been near any person lately who had the small pox?
105. How many days have you felt poorly?
106. Does it hurt you to swallow water?
107. Put twelve leeches on his throat, and foment it with hot water until the bleeding ceases.
108. Show him how to gargle his throat, which he should repeat every quarter of an hour, and keep some flannel wrapped round it.
109. Are you regular every month?
110. Have you any throbbing in your head?
111. How long has the child had those spots on its mouth and tongue?
112. Are the child's bowels in good order?
113. Is it purged or costive?
114. How long have your courses been obstructed?
115. What caused them to stop?
116. How long has that child had St. Vitus' dance?
117. Is that child cutting a tooth?
118. How many teeth has that child?
119. Has it ever had a convulsion before?
120. Has the child been eating any thing to disagree with it, or has it got worms?
121. That child has got the mumps.
122. Did the swelling disappear suddenly?
123. Have you any pain at the lower part of your back when you menstruate?
124. Have you always pain at that time?
125. Are you married?
126. Does the child complain of the eruption, itching or smarting much?
127. Does the eruption show itself on any other part of its body?
128. How long have you remarked that child's head to be swollen in that manner?

101. Kyá in dinon men tum ko járe se bukhár átá hai?
102. Kyá tum nē áj kal kuchh párá kháyá hai?
103. Tumbáre kabhí tíká bhí lagá hai?
104. Tum in dinon men kisí aise shakhs ke pás to nahín gae jise sítlá nikal rahí thí?
105. Kitne dinon se tumhárí tabínt māndí hai?
106. Pání píne se tum ko dard mālúm hotá hai?
107. Us ke kaleje par bárah jonken lagáo, aur jab talak khún band na ho garm pání se senkte raho.
108. Us ko gharárah karne kí tarkíb batá do, aur kah do kiek ghanṭe men chár dafā gharárah kare aur tukrá loí ká apnē gale se lapeṭ rakkhe.
109. Tum ko haiz qáidah se har mahína hotá hai?
110. Tumbáre sir men kuchh dhamak mālúm detí hai?
111. Is lárke ke munh aur zubán par kitní muddat se dágħ hain?
112. Is lárke ko dast qáidah se hotá hai?
113. Peṭ jári hai yá band?
114. Kab se haiz band hai?
115. Kis sabab se haiz band huá?
116. Kitní muddat se is lárke ko rasha huá?
117. Is lárke ke dánt nikalte hain?
118. Is lárke ke kitne dánt hain?
119. Kabhí us ko sábiq men bhí tashannuj huá thá?
120. Kyá is lárke ne kuchh aisí chíz khái hai jisse jí matlátá hai, yá us ke peṭ men kiṛe hain?
121. Kyá us lárke ke mumps hain.
122. Kyá waram yakáyak játá rahá?
123. Kyá tumhárí kamar ke níche dard hotá hai jab ki tum kapron se hotí ho?
124. Us waqt kyá tumhárc hamesha dard hotá hai?
125. Kyá tum biyálí ho?
126. Kyá yih lárki faryád khárish yá ziyádah sozish phun-siyoṇ kí kartí hai?
127. Yih phunsí us ke badan par kisí aur jagah bhí hai?
128. Tum ne kab se dekhá hai ki us lárke ká sir is tarah par súj gayá hai?

129. Does the child clasps its head and scream at times as if in great pain ?
130. Is it heavy and drowsy ?
131. Does it squint ?
132. Does that girl often get hysterics ?
133. How long have you had that discharge ?
134. Are your courses quite ceased ?
135. How long has that child had the hooping cough ?
136. Does the fit of coughing come on very often ?
137. Have you much hooping cough near you ?
- .
138. Has that child ever had the measles ?
139. That child has got the measles now ?
140. How many days has the eruption been out ?
141. Is that child one of a scrophulous family ?
142. Has the child a ravenous appetite ?
143. What food do you generally give it ?
144. Is that child weaned yet ?
145. That child ought to be weaned directly.
146. You should procure a healthy wet-nurse for that child as soon as possible.
147. You should change that child's nurse, do you not see her milk disagrees with it ?
148. Give that child donkey's milk.
149. Wean the child gradually, and give it thin sago during the day.
150. Take care, that eruption on the head is contagious, keep it away from the other children.
151. If possible, that child should have change of air, or sea bathing.
152. Has that child ever had croup before ?
153. Do not be alarmed, the child has only got the nettle rash, which will soon go away.
- .
154. This is chicken or swine pox.
155. Does the child pick its nose, and complain of irritation at the rectum ?
156. How long have you remarked worms in its stools ?

129. Kabhí yih larká apná sir donoŋ háthon se bhíñchkar dard ke máre chillátá bhí hai?
130. Yih larká sust aur níndásá bhí hai?
131. Kyá wuh derátá hai?
132. Is larkí ko kyá aksar hysteric hotá hai?
133. Yih mawád kab se bahtá hai?
134. Kyá tum ko kapre áne bilkul mauqúf ho gaye hain?
135. Us larké ko kúkar khánsí kab se huí?
136. Khánsí kyá aksar ughtí hai?
137. Kyá tumháre ghar ke ás pás kúkar khánsí aksaron ko hai?
138. Us larké ke kabbí khasrá bhí niklí hai?
139. Us ko abhí khasrá hai?
140. Kitne dinon se phunsí niklí hai?
141. Kyá is larké ke kunbe men kanthmílá bahut hai?
142. Kyá us larké ko shiddat kí bhúk hamesha lagtí hai?
143. Kyá gházá tum hamesha us ko dete ho?
144. Kyá us larké ká dúdh chhurá liyá hai?
145. Us larké ká dúdh abhí chhurá lená cháhiye.
146. Tum ko us larké ke wáste ek tandurust anná jald rakhni cháhiye?
147. Tum ko cháhiye ki us larké kí dúdh piláí ko badlo, tum nahíñ dekhite ho ki us ke dúdh se bachche ká jí matlitá hai?
148. Us larké ko gadhí ká dúdh piláo.
149. Us ká dúdh rafté rafté chhuráo aur din men kuchh ságú patlásá pakákar khiláyá karo.
150. Yih phunsiyán is larké ke sir par mutaaddí hain (yañe pás baiñne se aur ko bhí ho játi haip) dekho yih larká aur bachchon ke pás hargiz na jánc páwe.
151. Agar ho sake to is larké kí tabdilí hawá kí karo, aur daryá men naqal karo.
152. Kabhí is larké ko marz croup áge bhí huá hai?
153. Andeshá na karo is larké ko sirf nettle-rash hai, jald rafá ho jáegá.
154. Yih to motiyá yá swine pox hai.
155. Kyá larká apní nák ko unglí se nochtá hai aur dubar ke dard se diq hai?
156. Tum ne kab se us ke dast men kírc dekhi?

157. The child's food should be nutritious, but not stimulating.
158. See that the child chews its food properly.
159. Do the patients leave the hospital without leave?
160. Are all the hospital servants always in attendance?
161. Have the men any complaints to make?
162. Do the bearers assist the feeble men, when asked to do so?
163. Do the sweepers clean the privy well every day?
164. Why do you permit the men to relieve themselves on the ground all round the hospital?
165. I will send my grass-cutters to-day, to cut the grass for fifty yards all round the hospital.
166. The next time I see the ground soiled, I will report it to the Commanding Officer.
167. Why do you allow the sick men to bring their accoutrements into hospital? You know very well it is against orders.
168. The hospital is very dirty, see that the sweeper is more attentive in future.
169. Have every door opened an hour after gun-fire in the morning, to ventilate the hospital.
170. Shut all the doors an hour after sunset.
171. During the hot weather, all the doors may be open all night.
172. Do not allow the sick men to take their charpoys outside at night.
173. Take care one native doctor is always to be present at the hospital day and night.
174. No man is to be discharged from hospital until fit for duty.
175. Do not allow the men to spit about on the floors; place a koondah by each bed.
176. Never make up any prescription that may be sent to you until I have seen it.

157. Ghizá is larke ko muqawwí dení cháhiye, magar aisi na ho jo tahríka ho.
158. Is bát ká liház rakkho ki larká apne kháne ko khúb chabákar kháwe.
159. Kyá maríz shafákhána se beijázat báhar chale játe hain?
160. Tamém naukar shafákháne men hamesha házir rahte hain?
161. Kyá koí ádmí nálshí hain?
162. Jab ki nátáqat bímár kaháron se madad cháhte hain to we karte hain?
163. Khákrob jáizarúr ko har roz sáf kiyá karte hain?
164. Tum kis wáste is bát ko mana nahín karte ki ádmí cháron taraf shafákhána ke ghilázat phailáte hain?
165. Aj maiñ apne ghasyáron ko bhejungá ki pachás gaz tak gird shafákhána ke ghás súf kar den.
166. Agar ham phir kisí waqt zamín ko ghalíz dekhenge to us kí Kamániar Sáhib ko itlá denge.
167. Tum kis wáste marízon ko shafákhána men sámán láne dete ho? tum khúb jánte ho ki yih bát khiláf hukm ke hai.
168. Shafákhána sáf nahín hai, khabardár raho ki khákrob apne kám men sustí na kare.
169. Ek ghanṭe bād fajar kí top ke tamám darwáze khol diye jáwen táki tází hawá shafákhána men báhar se áwe.
170. Tamám darwáze ek ghanṭe bād gharúb hone ástáb ke band kiyé jáwen.
171. Garmí ke mausam men tamám darwáze khule rakhne cháhiye tamám rát.
172. Bímáron ko chárpáiyán rát ko bahar na bichháne do.
173. Khabardár raho ki ek Hindustání Doctor shafákhána men rát din maujúd rahe.
174. Kisí maríz ko shafákhána se rukhsat karná na cháhiye jab talak ki wuh qábil bajá láne apni naukarí ke na ho.
175. Kisí maríz ko zamín par thukne na do aur ek ek kúndá har ek kí chárpái ke pás rakkho.
176. Kisí bheje hue nuskha ko taiyár na karo jab tak ham us ko dekh na len.

177. I do not allow any smoking inside the hospital.
178. Those men who want to smoke must go out into the verandahs.
179. Send for me at any hour of the day or night if I should be required.
180. If any case of cholera should occur, send for me immediately.
181. Send and let me know if that man gets any worse.
182. If he cannot swallow a pill, make up the medicine into a powder.
183. Give him these two pills to-night.
184. Let him have the purgative to-morrow morning.
185. Give him a table spoonful of the mixture after each liquid stool.
186. Give him two table spoonsful of the mixture directly, and repeat it every three or four hours.
187. Put the blister on to-night, and dress it in the morning with simple ointment.
188. Dress his blister morning and evening with the savine ointment.
189. Fasten the blister on carefully, so that it cannot be displaced.
190. That wound should be dressed twice a day, otherwise it will be very offensive.
191. If you see any maggots in the wound, wash two or three times a day with some turpentine.
192. This arm, leg, thigh, cannot be saved ; we must amputate it at once.
193. Explain the necessity of doing so to him, as the only chance of saving his life.
194. You will not suffer any pain during the operation, if you breathe through this cloth.
195. Pour out one drachm of chloroform.
196. Bring me the amputating instruments.
197. Take care the tourniquet is not displaced should he struggle.
198. Hold the limb steady, and keep it in that position.

177. Main shafákhána men kisí ko huqqa píne kí ijázat nahín detá.
178. Jo koí huqqa píná cháhe to barámda men jákar píwe.
179. Agar kisí waqt din yá rát ko hamárá áná zarúr ho to ham ko bulwá lo.
180. Agar kisí ko haizá howe to ham ko fauran buláo.
181. Agar us ádmí ká hál abtar ho to ham ko khabar do.
182. Agar wuh dawá kí golí nigal na sake to us ko pískar do.
183. Yih donon goliyán us ko áj rát ko khiláo.
184. Kal subah us ko julláb piláo.
185. Us ko yih bamiqdár ek majhole chamche ke bád har ek patle dast ke piláo.
186. Us ko do majhole chamche is murakkab dawá ke is waqt piláo, aur phir isí qadar tín tín chár chár ghanṭe bád dete raho.
187. Áj rát ko plaster lagáo aur kal phalkon ke úpar sufed marham lagáo.
188. Us ke phalkon ke úpar subah aur shám marham sawine lagáo.
189. Plaster ko khúb ihtiyát se bándho taki kisí tarah apní jagah se phisal na jáwe.
190. Us zaķhm ko din men do daſa sáf karke pháyá lagáo nahín to zaķhm saṛ jáwegá.
191. Agar us zaķhm men kíre par jáwen to din men do yá tín daſa turpentine tel se dhoyá karo.
192. Yih bázú aur ṭáng aur ráo achéhhí nahín ho sakte, hamen unko abhí kátná cháhiye.
193. Usko samjhá do ki sirif wasíla uskí ján bachne ká yihí hai.
194. Tum ko kuchh ízá kátné kí nahín malúm degí agar is kapre men se dam loge.
195. Ek drachm chloroform ká qálo.
196. Hathiyár kátné ke mere pás láo.
197. Khabardár raho ki tourniquet barwaqt us ke háth páñw mánne ke apní jagah se haṭ na jáwc.
198. Is užv ko mazbút tháñbo aur isí tarah rahne do.

199. Give me the saw and bone nippers.
200. Have you waxed the ligatures.
201. That silk is rotten, give me the other.
202. Now give me a bandage, but wet it well with water first.
203. Keep this dressing constantly wet with cold water.
204. One of you must sit beside him, and see there is no haemorrhage.
205. You had better keep the tourniquet loosely round the limb in case it should bleed.
206. Send to me directly if bleeding comes on.
207. There is some artery bleeding, we must reopen the wound.
  
208. Do not be alarmed, that is only venous blood, which will soon stop.
209. You bore the operation very well, I am very much pleased with you.
210. Do not move your stump about, otherwise you will make it bleed.
211. As soon as your wound is healed, you shall go to your home.
212. Get him a pair of crutches made to-day.
213. Wrap some tow round them, they cut him under the arm when he uses them.
214. That man is very feeble, I will send him to his home for six or eight months.
215. His arm, leg, or ribs are broken.
216. Bleed him at once until he faints.
  
217. Roll that broad bandage carefully round his chest five or six times.
218. If his breathing becomes oppressive again, you must repeat the bleeding.
219. Your shoulder is dislocated, how did you do it?
220. Lay flat on the ground, and give me your hand.
221. It is now reduced, bind it up carefully.
222. If the point swells or there is much pain apply two or three dozen leeches.
223. Foment the limb constantly with warm water.

199. Arí aur bone nipper ham ko do.  
 200. Tum ne doron ko mom lagá diyá hai?  
 201. Yih resham gal gayá hai, aur do.  
 202. Ab ham ko ek paṭṭí do, magar pahle pání men tar karo.  
 203. Is paṭṭí par hamesha ṭhandá pání dálte raho ki tar rahe.  
 204. Lázim hai ki ek ádmí tum men se us ke pás baiṭhá rahe,  
 aur ḳhiyál rakkhe ki zaḳhm se khún jári na ho jae.  
 205. Is tourniquet ko dhílā karke badan par lagá rahne do.
206. Agar khún jári ho jae to ham ko fauran ḳhabar do.  
 207. Kisí shiryán men se khún átá hai, ham ko zaḳhm phir  
 kholná cháhiye.  
 208. Daro nahín, khún kisí rag se átá hai, jald band ho jáegá.
209. Tum ne badan káṭne ke dard ko bahut mazbútí se sahá,  
 ham tum se bahut khush hain.  
 210. Tum apne ṭund ko na hiláo, nahín to khún jári ho jáegá.
211. Jis waqt tumhárá zaḳhm achchhá hogá us waqt apne ghar  
 chale jáná.  
 212. Aj us ádmí ke wáste ek joṛá baisákhí ká banwá do.  
 213. Thorá san un baisákhíyon par lapeṭ do kyunki we bar-  
 waqt kám men láne ke baghal ko chhíl dáltí hain.  
 214. Wuh ádmí bahut nátáqat hai, hum us ko chhah yá áṭh ma-  
 híne kí ghar jáne ke wáste rukhsat denge.  
 215. Us ká bázú yá ṭáng yá pasliyán ṭút gaí hain.  
 216. Us kí fasd jald kholo, aur jab tak ghash na áwe khún  
 band na karo.  
 217. Us kí chhátí ke gird us chaurí paṭṭí ko páñch yá chhah  
 pher lapeṭo.  
 218. Agar sáns lene se use phir dard malúm ho to tum ko  
 phir fasd kholní cháhiye.  
 219. Tumhárá kandhá utar gayá hai yih kyunkar wáqa huá?  
 220. Zamín par chit leṭ jáo aur apná háth mujhe do.  
 221. Ab wuh charh gayá hai, us par paṭṭí hoshýári se bándho.  
 222. Agar joṛ súj jáwe yá us men bahut dard ho to do yá tím  
 darjan jonken lagáná.  
 223. Is uaz ko har dam garam pání se sepkte raho.

224. Take care that every leech employed in this hospital is destroyed directly it comes off.

225. The sweeper has no right to complain, as he has been paid already for the leeches.

226. If he is very restless, give him three or forty drops of laudanum.

227. This man is poisoned; what have you been eating or drinking to-day?

228. Have you had a quarrel with any person lately?

229. Could he have poisoned you if he wished?

230. Do you suspect any person in particular?

231. Give him half a drachm of sulphate of zinc.

232. Let him drink a large quantity of warm water, at least six pints to keep up the vomiting.

233. As he cannot swallow, we must use the stomach pump.

234. Do not throw away the contents of his stomach until I have examined it.

235. When did the snake bite you?

236. What kind of a snake was it that bit you?

237. Where is the snake? I should like to see it.

238. Rub the caustic well into the wound, and then apply a hot poultice over it.

239. You must make him walk up and down the hospital until all drowsiness goes away.

240. Order two of the bearers to support him under his arms; he must not rest yet.

241. Give him a full dose of the spiritus ammonia succinatus and brandy directly.

242. Repeat it every twenty minutes, until he is relieved from the stupor.

243. Let him sniff at the ammonia occasionally.

244. Do not allow this man to get up when his bowels are moved, but give him a bed-pan.

245. If you allow him to sit up or get out of bed he will probably die.

246. That lancet is not sharp, take another.

224. Dekho jonken jo is shafákhána men lagái jáwen un ko barwaqt chhútne ke fauran már dálo.
225. Jonk wále ko jab ki us ne qímat apní jonkon kí pálí hai jagah shikáyat kí nahín hai.
226. Agar wuh bahut beqarár hai to us ko tís chális búnden laudanum kí piláo.
227. Is ádmí ko zahar diyá hai, áj to tum ne kyá kyá kháyá píyá hai?
228. Tumhárá in dinoñ men kisí se jhagrú to nahín huá?
229. Agar us ádmí ká zahar dene ká irádah hotá to wuh khilá saktá thá?
230. Tum kisí khás ádmí par shubah rakhte ho?
231. Sulphate of zinc us ko ádhá drachm de do.
232. Us ko bahutsá garam pání piláo na kam chhah pints se ho, tákí baikhúbí qai áwen.
233. Chúnpki us ko nigelne kí táqat nahín hai to ham ko stomach pump kám men láná cháhiye.
234. Jo kuchh us ke pet mcn se nikle us ko baghair hamáre daryáft karne us kí haqíqat ke phenk na dená.
235. Tum ko sánp ne kab kátá?
236. Jis sánp ne tum ko kátá wuh kis qism ká thá?
237. Wuh sánp kahán hai? main us ko dekha cháhtá hún.
238. Zakhm par caustic ko khúb malo aur bäd us ke us par garm poultice lagáo.
239. Tum us ko idhar udhar shafákhána men tahláte raho jab tak ki uskí úng rafá na ho.
240. Do kaháron ko hukm do ki baghlon men háth dekar us ko khaṛá rakkhen.
241. Púrí miqdár spirits ammonia succinatus aur brandy ká jald do.
242. Bíz bíz lahze ke bäd yih piláte raho tawáqtíki us kí behoshí záil na ho.
243. Kabhí kabhí us ko ammonia sungháo.
244. Is ádmí ko uṭhne na do jab tak ki us ko pákháne kí hajat ho balki ek tasht us ke pás rakh do.
245. Agar tum is ádmí ko uṭhne yá chárpaí se utarne doge to us ke mar jáne ká khauf hogá.
246. Wuh nashtar tez nahín hai, aur lo.

247. Do you know how to cup a patient ?  
248. Bring the instruments, and I will show you.
249. Cup him over the temples.  
250. When you cup a patient, do not press the instrument heavily on the part.  
251. He must be cupped on the nape of his neck.  
252. Have his head shaved, and keep cold lotions constantly applied to it.  
253. Bring me the seton needle and some oiled silk.  
254. This seton must be kept in for a long time, and dressed regularly every morning.  
255. Do you know what the object is in making an issue ?  
256. He should have an issue made either in his arm or thigh.  
257. Let this man have one of his comrades to wait upon him, as he is very feeble.  
258. How many are there now from the lines waiting on the sick ?  
259. Send half of them back, as one man can very easily attend upon two patients.  
260. Keep that man, as he is a brahmin.  
261. This man is dying, ask him if he wishes to see any person in particular.  
262. Ask him if he has any property to leave, and how he wishes it disposed of.  
263. Write down what he says in the presence of two witnesses, and let him sign it or make his mark before them.  
264. Do you think his friends would object to my opening his body ?  
265. I am very glad I did open his body, as I find I was treating him correctly, though he did die.
266. If you see or hear of any poor man, who has a stone in his bladder, let me know.  
267. Did you ever see the operation of lithotomy ?  
268. The weather is too warm to operate with safety to the patient.  
269. Take him into hospital, and when his health is improved I will operate on him.

247. Tum ko bímár ke sínví legání átí hai ?
248. Hathyár láo, ham tum ko sínví lagáne kí tarkib baté denge.
249. Us kí kanpattiyon men sínví lagáo.
250. Jab ki tum bímár ke sínví lagáo to ála ko bahut na dábó.
251. Us kí guddí men sínví lagání cháhiye.
252. Us kí hajámat banwákar sir par thandhá pání chhiyakte raho.
253. Náth kí súí aur resham tel láo.
254. Is náth kí súí ko ziyádah arsa tak lagá rahne do, aur zañhm ko har roz subah ko dhoyá karo.
255. Tum jánte ho kyá sabab issue lagáne ká hai ?
256. Cháhiye ki uske bázú yá rán men ek issue banáyá jáwe.
257. Ek sipáhí uske pás ķhabargíri ke wáste rahe, kyunki wuh bahut kamzor hai.
258. Kitue sipáhí ab wáste ķhabargíri bímáron ke hain ?
259. Ádhe un men se len men bhejo, kyunki ek ádmí bahut ásání se do kí ķhabargíri kar saktá hai.
260. Us ádmí ko rakkho, kyunki wuh brahmin hai.
261. Wuh ádmí martá hai, us se daryáft karo, agar kisí se milná chahtá ho.
262. Usse púchho ki uská kuchh asbáb hai, aur kyunkar uská bandobast kiyá jáwe.
263. Jo kuchh wuh kahe usko sámhné do gawáhon ke likh lo, aur uske dastkhat yá nishání karwá lo.
264. Tumhári dánist men uske dost burá mánenge agar ham us murde ká peť chák karen ?
265. Ham bahut ķhush haiñ ki hamne uská peť chák kiyá, kyunki hameñ khul gayá ki hamne uske jláj men khatá nahín kí jab ki wuh mar gayá.
266. Agar tum dekho yá suno ki kisí gharib ke pathrí hai to hamko ķhabar do.
267. Tumne kabhí pathrí nikalte huí dekhí hai ?
268. Garmí bahut partí hai, kátne men bímár ke wáste ķhatra hai.
269. Usko shafákhána men le lo jab ki wuh ján pakar jáwegá us waqt ham kátenge.

270. A detachment of the regiment is ordered to march, whose turn is it to go this time?
271. See that the usual quantity of medicines are made up, and I will examine them.
272. Is the dooly and bedding in perfect order?
273. Why did you not inform me that the dooly was broken?
274. The regiment is ordered on service, we start in a very few days.
275. Pack up all the medicines very carefully.
276. Wrap some tow round each bottle.
277. Put all the instruments in one box, so that we shall know where to look for them.
278. See that the straps and padlocks are not broken.
279. Only put those medicines in the petarrahs that are daily required.
280. Warn all the servants to be ready to start.
281. Never allow any man to go in a dooly if he is able to walk.
282. Order every spare dooly to keep close up to the rear of the regiment on the march.
283. One Native Doctor must keep in the rear, to see after the doolies, and take care the bearers do not stray away.
284. The sick men may start in advance of the column, under charge of the other Native Doctor.
285. It is likely the regiment will go into action to-day.
286. Keep one dooly expressly for the instruments, bandages, splints, and brandy.
287. Order one of the bheesties to remain close to this, and not absent himself for a minute.
288. Make up several rollers of sizes, and spread three or four yards of sticking plaster.
289. Take care to have the lantern ready with the wax candles.
290. Draw up all the doolies directly the firing commences, and place sentries over them.
291. Place all the tourniquets in the dooly.
292. Is there plenty of lint at hand?
293. Get out every piece of sponge we have.

270. Ek hissa palṭan ke kúñch ká hukm hai, is martabah kis kí bári hai?
271. Muwáfiq māmúl ke har qism kí dawáen taiyár kar rakkho, ham unko áp ánkár dekhenge.
272. Dolí aur us ká bichhoná khúb durust hai.
273. Tum ne ham ko kyuñ na khabar dí ki dolí tüt gaí hai?
274. Palṭan ko muhim par jáne ká hukm hai, thore se dinon men ham kúñch karenge.
275. Sab dawáon ko hoshyári se bándho.
276. Har ek shíshí par san lapeṭo.
277. Tamám hathyáron ko ek hí sandúq men band karo, istarah par ki zarúrat ke waqt mil jáwen.
278. Tasmon aur quflon ko dekh lo ki túte hue to nahín hain.
279. Sirif wuh dawáen jo roz kám men átí hain pitáre men rakkho.
280. Sab naukaron ko jatá do ki kúñch ke wáste taiyár raheñ.
281. Kisí ádmí ko dolí men na jáne do jis súrat men chalne kí táqat rakhtá ho.
282. Hukm do ki fáltú doliyán palṭan ke píchhe milí raheñ.
283. Lázim hai ki ek Hindustání Doctor píchhe wáste khabardári doliyon ke rahe, aur khabardár rahe ki kaháron ko idhar udhar na chalne de.
284. Bímár ádmiyon ke áge jáwen, aur un ke hamráh dúsra Hindustání Doctor rahe.
285. Yaqín partá hai ki palṭan laṛáí par charhe.
286. Ek dolí khás wáste rakhne hathyáron aur pattiyon aur splint aur brandy ke cháhiye.
287. Ek ko saqqon men se hukm do ki isí dolí kolí ke sáth rahe aur ek lahma judá na ho.
288. Kaí ek barí pattiyán banáo aur tín yá chár gaz sticking plaster ke phailáo.
289. Dekho láltain mai mom kí battiyon ke taiyár rahe.
290. Jis waqt top aur bandúq chalne lage us waqt sab doliyon ko qatár bándhke khará karo aur un par pahredár khare karo.
291. Sab tourniquet dolí men rakkho.
292. Waháñ bahut lint nazdik hai?
293. Sponge jitná ho sab nikál lo.

294. The ammonia, chloroform and laudanum with a glass measure should be at hand.

295. We must make the best operating table we can, with the camel trunks.

296. Send off the doolies quickly under a guard to pick up those wounded men.

297. Now that all the wounded have been attended we can go and get something to eat.

298. One of you had better sit up to look after the wounded, whilst the other sleeps.

299. As soon as I have had a little sleep, I will come and relieve you.

300. All the wounded men are going on very well.

294. Ammonia chloroform aur laudanum sáth ek glass measure ke nazdik rahe.

295. Ham ko koí chíz mez kí súrat banání cháhiye ~~táki~~ zakhamiyon ko us par litákar kát kút amal men áwe, úntón ke sandúq yih kám de sakte hain.

296. Doliyon ko bahifázat ek pahre ke bhejo ki zakhamiyon ko uṭhá láwen.

297. Ab to ham sab ne zakhamiyon kí dawá dárú aur marham pattí se kháne kí fursat pí.

298. Bihtar yih hai ki ek tum men se wáste khabargíri zakhamiyon ke jágtá rahe aur dúsra sowe.

299. Bäd thorí nínd ke main áñkar tumhári badlí karúngá.

300. Tamám zakhamí khairáfiat se haip.



